

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## ***Pharmacy to get NHSnet link by 2002***

*Dorset LPC seeks say on pharmacy distribution*

*UniChem convention heads way out west*

*Meet the winners of the 'From practice to people' award*

*Numark unveils Categoracle scheme*



***Update: the eczema infection connection***

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## New Pack Graphics

Distinctive and impactful new look for Migraleve™ 12's and 24's

Clearer front-of-pack claims

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New in-store point of sale package

## Paracetamol Legislation

Migraleve 48's are converting to POM with separate distinctive pack graphics

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**Migraleve™ Abbreviated Product Information. Migraleve Tablets. Indications:** For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation:** **Migraleve Pink** - pink tablets each containing Buclizine Hydrochloride BP 6.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** - yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration:** **Adults:** **Treatment:** Two Migraleve Pink tablets immediately if it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. **Children 10-14 years:** One Migraleve Pink initially. If required one Migraleve Yellow every four hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. Not for administration to children under 10 except under medical supervision. **Elderly (over 65 years):** As for adults. **Contra-indications, warnings, etc:** **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions:** Patients suffering from high blood pressure should be treated for this condition independently. Because of the possibility of drowsiness, consideration should be given to patients involved in hazardous occupations.

Avoid alcoholic drink. Migraleve should be used with caution in patients with liver or kidney dysfunction. Migraine medically diagnosed. Migraleve should not be taken with prescribed medicines or for extended periods without the doctor. **Side-effects:** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (phosphate) or drowsiness (bucizine hydrochloride). **Use in pregnancy:** Whilst there are no specific reasons for contraindicating Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. is not contra-indicated in breast-feeding mothers. **Treatment of overdosage:** As for paracetamol (i.v. acetylcysteine) and (injection of naloxone). **Package quantities and Price:** **Trade:** Migraleve: 12 - £2.22; 24 - £3.91. Migraleve £2.31; 24 - £4.31. Migraleve Yellow: 12 - £1.99; 24 - £3.42. **Basic NHS Price:** Migraleve: 12 - £5.10; Migraleve £5.56; Migraleve Yellow: 12 - £4.70. **Legal category:** P (12s, 24s); POM (48s). **Product Licence Numbers:** PL 01906/0028, Migraleve Pink - PL 01906/0026; Migraleve Yellow - PL 01906/0027. **Marketing Authorisation:** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** August 1998. Further information from: Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire, GU34 2TJ.



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THE NEWSWEEKLY FOR PHARMACY

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## COMMENT

Supermarkets have had it too good for too long. The Office of Fair Trading has announced an investigation into the supermarkets' not so cheap pricing policy, and last week the Government accepted a report saying that out-of-town supermarkets are destroying town centres. Research shows that "product diversification and the inclusion of services such as dry cleaners and pharmacies ... mean the impact is felt by other town centre service and convenience stores".

A contributing factor could be that 'minor' relocations of pharmacies are too easy - 'necessary or desirable' as the sole test has become too open to interpretation, and the swathes of applications for out-of-town pharmacy contracts after the 'neighbourhood' rulings have been a large distraction using up HA time and NHS money. In an attempt to reverse the trend, Dorset LPC has proposed that it and its health authority should have "joint absolute discretion" over where pharmacies should be located. With rational distribution of pharmacies nudging its way into the profession's conscience, the LPC's case makes sense. Surely it would be better for the health authority to ensure the best distribution of pharmaceutical services and for the LPC, representing contractors' interests, to ensure that there is the best distribution of businesses to continue providing those services. Market forces are not necessarily the best indicator of location, argues the LPC. But if community pharmacy is to invest time and money in establishing new roles, there needs to be some assurance that these services will not be destroyed by "exploitation of lax regulations".

Such a move would require legislative change. But as the DoH's pharmacy strategy is now being formulated, perhaps this will offer an opportunity for the seeds to be sown.

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## £22k to 'realise the full potential of pharmacists'

Birmingham Drug Action Team, part of the local health authority, has allocated £22,000 to review current arrangements for syringe exchange and methadone dispensing in the city.

Most of the money is for the appointment of a part-time researcher to organise a consultation exercise with community pharmacists, selected GPs and specialist drug treatment professionals. The aim is to "realise the full potential of pharmacists to work with drug users", according to an advert for the post which will appear in next week's *C&D*.

The funding for the six month project resulted from a recent Drug Action Team training programme involving 60 community pharmacists. A number of the pharmacists expressed interest in a review of this kind, and said they would be willing to take part in task group discussions.

The objectives of the project will be:

- to ensure comprehensive coverage of needle exchange facilities
- improve links between pharmacists and prescribers
- explore mechanisms to reduce 'leakage' of methadone onto illicit drug markets
- consider how pharmacists can deliver health promotion messages, not only to drug users, but also to the wider community
- explore the broadening of the pharmacist's clinical remit
- consider how the health authority can improve the value for money of the current needle exchange scheme.

The final stage of the project will be the production of a costed strategy for improving the input of community pharmacists into treating drug users.

## Vitamin education

With this issue you will find the first of a two-part Pharmacy Accreditation programme from Roche Consumer Health and *C&D*, dealing with vitamins, minerals and supplements. The second module dealing with minerals and supplements will be delivered with a January 1999 issue of *C&D*.

Both modules meet the requirements of the College of Pharmacy Practice, providing in total three and a half hours of postgraduate education towards the College's continuing education requirement.

For full details of the programme and how to enrol, turn to page 25.

# Electronic prescribing by 2002

Electronic prescribing in the NHS should be in place by March 2002, says a new government document.

As part of the Department of Health's seven year strategy, prescriptions will be sent direct from GPs to community pharmacies. The Prescription Pricing Authority will also be linked in to the system. The move has been welcomed by many, but there is concern that no indication is given of how pharmacies will link up. However, the NHS Executive says detailed guidance on implementation will be issued "shortly".

The first stage of the seven year strategy aims to connect all computerised GP practices to the NHSnet by the end of 1999 at a cost of £40 million. A further £20m will fund development of information services to primary care groups. NHS Direct, the telephone health/diagnosis service, will also be extended nationally.

Electronic health records (EHRs) will also be established. These will be

an electronic record of a patient's health and healthcare from cradle to grave and beacon EHR sites will be set up next year. The document says a debate is needed on the content, structure and use of EHRs. This will include reaching agreement with the professions on the security of electronic systems and networks carrying patient-identifiable data. "However these issues are resolved, there will inevitably be a need to share patient data in a reliable, consistent and automated manner between organisations," it says.

Concern from computer systems suppliers has been addressed, too. The document acknowledges that the access agreements and code of connection to the NHSnet are overly restrictive so it is proposing to review these "to ensure the balance between arrangements for security and accessibility is appropriate".

Following concern that pharmacists were not specifically mentioned in the

Government's New NHS White Paper, the document specifically includes pharmacist in its definition of clinicians and health professions, and says primary care includes family health services provided by pharmacists. Clinicians will have appropriate access to patient records 24 hours a day to deal with emergency situations or when other professionals cannot be contacted.

Health authorities are being asked in the interim to establish a project team to represent organisations that will need to be involved in the local implementation strategy.

The strategy document 'Information for health: an information strategy for the modern NHS' (A1103) and summary (A1104) are available from Department of Health Publications, PO Box 410, Wetherby, West Yorkshire LS23 7LN, fax 0990 210266. It can also be found in full on the Internet at [www.imt-nhs.exec.nhs.uk/strategy/index.htm](http://www.imt-nhs.exec.nhs.uk/strategy/index.htm).

## Positive feedback

The NHS information strategy document received a mainly positive welcome from those with pharmacy interests. Pharmacy Computer Suppliers' Association chairman Simon Driver said the Association welcomed the strategy as it signposts the way forward and gives a definite indication of time scales.

"Most importantly, it recognises the value of bringing pharmacy into the NHSnet," said Mr Driver. "Our particular interest was the change in attitude to working with suppliers - from the previous adversarial relations to one of strategic planning."

"We now look forward to receiving the necessary details such as messaging standards and the revised code of connection which are required to ensure timely implementation of the proposals."

Royal Pharmaceutical Society secretary and registrar John Ferguson said it was "excellent news that the Government has finally made a commitment to allow pharmacists to play their part in the new NHS information systems network. I also welcome the decision to allow access to relevant patient health data."

He called on the Government to ensure that a portion of the pledged £1 billion is given to setting up and upgrading in-pharmacy information systems so they are comparable to GP systems. He said the Society will shortly be announcing a research project to establish the value of pharmacists' access to NHS information systems

and the resultant health gain.

"The good news is that we have confirmation that pharmacy will be included in the NHSnet. We are optimistic," agreed John D'Arcy, National Pharmaceutical Association director. It is timely that the NHS information strategy has been issued as the DoH's pharmacy strategy is being developed, so there is an opportunity to link pharmacy into the IT strategy, he added.

Practice Resource Systems managing director Gary Noon welcomed the report as a major step forward. "It's a recognition of the need to use IT to serve the needs of the patient and is consistent with the things we have been trying to do," he said. "I only wish it mentioned pharmacy more."

Pharmed, which has been developing an electronic communication system for health professionals, was "delighted". Director Ian Moody believes Pharmed has the product and services available to help achieve its objectives.

However, AAH Pharmaceuticals was disappointed. "We welcome the decision on an electronic health record and electronic prescribing. However, we feel that, once again, focus is placed on the GP as the sole health service provider, with limited recognition of the important role and contribution the community pharmacist has in the primary care group," said marketing director Steve Dunn. "It does not go far enough in its commitment to assisting the community pharmacist achieve this or mention how to join the NHSnet."

## Practice to people

The winners of this year's Glaxo Wellcome *C&D* Practice to People award were announced last week in London. The award, launched in 1994 to reward excellence in community pharmacy, adopted a different format instead of submitting details of project which have been undertaken, pharmacists were encouraged to present a bid for a service they would like to provide. The service had to be innovative and ultimately self-financing as well as supporting at least one of the objectives in the 'Building the Future' document. Turn to page 26 for more details.

## It's a fact: doctors' handwriting is poor

Researchers have concluded something which every pharmacist knows: doctors "produce handwriting that is worse than that of other professionals".

The study was carried out by 10 doctors in Swansea and published in the *British Medical Journal* September 26. Handwriting samples were taken from 92 people at the health authority headquarters and 14 hospitals in the town. The sample was divided into three groups: doctors, nurses plus other medical professionals and administrative staff. The subjects were asked to write the letters of the alphabet and the digits 0-9.

When analysed using computer technology, the doctors' handwriting was found to be significantly worse than the other two groups'.



# Checking exemption claims in Scotland

From October 1, Scottish contractors have been required to check patients' exemption claims. The Scottish Pharmaceutical General Council has agreed with the Scottish Office that a payment of £175 will be made to help with the start up costs involved, and an extra payment of 1.5 pence per item will be made.

In the first stage of the scheme, pharmacists are only expected to check certain categories of exemption for which evidence is available at point of dispensing. Patients should not be asked to produce evidence of exempt status. If a patient claims exemption and the pharmacist is unaware of its validity, there is a box to be marked on the reverse of the form.

The second stage, accompanied by a second lump sum payment and starting on January 1, will require pharmacists to check all exemption claims against evidence produced.

The SPGC has sent a letter to all chemist contractors in Scotland concerning the new style prescription forms to be phased in between now and February 1999.

The new prescription forms will be delivered to health boards on the eastern side of the country (Borders, Fife, Forth Valley, Grampian, Lothian, Orkney, Shetland and Tayside) during October, and to the western health boards in January. Old style forms will be withdrawn and all prescriptions should be written on the new

stationery from February 1.

The forms will be printed using these coloured inks:

- GP10 - orange
- HBP - blue
- HBP(A) - pink
- GP14 - yellow
- GP10(N) - mauve (replaces GP10(PN) and GP10(CN)).

They will all have security markings, anti-tampering devices and serial numbers.

Machine readable (OCR) boxes have been added to the front of the forms. There are OCR boxes for the patient's postcode and Community Health Index number. OCR boxes in the right hand column are for the pharmacist to record pack sizes used.

## Society should organise PCG conference

The Royal Pharmaceutical Society should organise a conference on primary care groups as soon as possible, a Council Committee decided last week.

The Practice Committee will put forward proposals to the Society's public affairs directorate. Members felt strongly that such a conference was necessary to help pharmacists who were becoming involved in PCGs. Its

main aim would be to support individual practitioners rather than groups or associations, and would not necessarily be restricted to those working in the community. Many pharmacists were unaware of how PCGs would provide services and how pharmacists could work with PCGs.

**Homoeopathy rethink** The Practice Committee has recommended that the

Society's policy support unit should review homoeopathy and other complementary therapies with a view to updating the Council statement on homoeopathy, issued in 1986.

**Aspirin 75mg** The committee agreed that a formal request should be sent to the Medicines Control Agency asking it to reconsider the pack size restriction for aspirin 75mg.

## Dorset LPC sets out strategy

Dorset Local Pharmaceutical Committee is proposing it and the health authority should have "joint absolute discretion" in the positioning of pharmacies.

In its community pharmacy development strategy issued in September, the LPC argues that if the HA or individual pharmacists are to be persuaded to invest time and money in providing new services, it would be counterproductive to have lax control of entry regulations. While not discounting market forces, they are not the best indicator of location, it says. "The committee therefore believes that the authority and the Committee should have joint absolute discretion in the positioning of pharmacies with powers to encourage amalgamation and location of contracts."

The proposals follow the establishment of the Dorset Local Pharmaceutical Contract at the beginning of the year (*C&D* January 24, p4). The LPC argues that this will help in the development of remunerated extra

services. LPC secretary Roger King said on Tuesday that when control of entry regulations were first introduced, 2 per cent of pure profit was given up

on the basis that the control of entry would make existing pharmacies more secure. Minor relocations were intended for pharmacies desperately needing to move. "Now they are being used with no thought to whether they are necessary or desirable."

The strategy also envisages voluntary patient registration and patient referral between community pharmacies. To implement better medicines management certain pharmacies will opt to provide specialist services within primary care groups, says the report. These pharmacies will be used as referral points by other pharmacies within the locality. Pharmacists would be paid a capitation fee for providing a proscribed range of services over and above the services currently on offer.

While acknowledging that some pharmacists may be unhappy about sending their customers to other pharmacies, Mr King argues that patient registration means that pharmacies will not lose patients. "Unless pharmacists start working together, we are going to get bypassed every time," said Mr King. "If there is the 'them and us' divide, this strategy isn't going to happen."

Accredited pharmacists would take

responsibility for supply of a patient's medication as well as the discovery of outcomes. Records of prescribed medication, over-the-counter medicine purchases and other data relative to the patient's condition would need to be kept. Pharmacies would be expected to record blood pressure where appropriate, but could refer other testing to specialist services. "The specialist pharmacy would receive a fee for services and the referring pharmacy a small fee for the referral."

In terms of pharmacist prescribing, the LPC says pharmacists must be empowered to prescribe and dispense for minor ailments within strict protocols. These would include communicating any prescriptions to the patient's GP.

On Tuesday, a Dorset Health Authority spokesman said that the Health Authority was pleased to have received the document and is currently consulting internally and with other HA advisers. It will be preparing a detailed response in time for a meeting with the LPC later this month.

Mr King said the HA's interim response is cautiously optimistic. Copies of the strategy have been sent to the DoH, PSNC, RPSGB and the NPA.

### IN BRIEF

#### Aller-eze availability

Following last week's *Marketwatch* article on OTC sales (*C&D* September 26, p22), Novartis Consumer Health has asked us to point out that it was only Aller-eze Clear that returned to Prescription Only status. Aller-eze Tablets and Cream, and Aller-eze Plus remain available as P medicines.

#### Appliance agency review

A Health Service circular has confirmed the NHS Executive's intention to review appliance contractor remuneration (*C&D* September 19, p5). HSC 1998/154 says the NHSE will be looking at the difference in remuneration for pharmacists and appliance contractors, and aims to end appliance agency agreements.

#### Numark and asthma week

Numark is supporting National Asthma Week (October 5-11) with Baker Norton Healthcare, by asking pharmacies to display consumer window posters to remind customers of the specialised advice they can receive in-pharmacy on asthma-related problems. Numark pharmacists will also receive an 'asthma pack' from Baker Norton.

#### Northern Ireland statistics

There were 1,894,817 items dispensed from 1,135,487 prescription forms in Northern Ireland in June. The ingredient cost was £18.74 million (£17.52m net). Discount was £1.216m, with oncost and other payments totalling £2.912m. The gross cost was £20.44m (£19.83m net). Gross cost per prescription was £11.9858 with ingredient cost £9.8899. The net ingredient cost per prescription was £9.2484.

#### First premises rise in '98

The number of pharmacy premises registered in Great Britain has increased for the first time this year. At the end of August there were 12,232 pharmacies, up seven from July. There were 37 pharmacies commencing trading, three restorations and 33 deletions.

#### Scottish stats for May

There were 4,577,081 prescriptions dispensed in Scotland in May, 4,565,679 by chemist contractors, at a total cost to the exchequer of £45,696,851. For chemist contractors, the ingredient cost per prescription was £9.0106, dispensing fees of £0.9277 with a professional allowance of £0.3618 and oncost of £0.002. The gross total per prescription was £10.4141 or £9.8504 net. The average CD fees cost per prescription was £0.0593.



## Boots pharmacist seconded to Nottingham HA

A Boots pharmacist has been seconded to Nottingham Health Authority to work with the local pharmaceutical committee developing community pharmacy in the area.

Wendy Grosvenor, a consultant pharmacist in the Northampton and Rugby area, will advise the LPC on the production and delivery of a strategy for community pharmacy and contribute to the Health Improvement Plan for local primary care groups.

"This is a major opportunity to raise the profile of community pharmacy within the health authority," said Joy Wingfield, LPC Chairman and local PIANA co-ordinator.

Ms Grosvenor, in her role as 'community pharmacy facilitator', will also help to develop the PIANA strategy.

The secondment, which is being funded by Boots the Chemists, is initially for 12 months.

## NPA communication skills course

The National Pharmaceutical Association is running a one-day course for pharmacists and managers entitled 'Powerful Communication' on October 22 at Mallinson House.

This is the first course of its type the NPA has run and is in response to the drive towards patient focused care making interpersonal skills more important than ever.

The course aims to teach 'advanced techniques to influence with integrity'. These techniques include using neurolinguistic programming (NLP, see *C&D* Aug 22, p22), which promotes patterns of excellence based on the behaviour of models, and knowing how to get staff to fully complete tasks on time.

The course, costs £60 and can be used towards CPE and CPD. Details are available from the NPA training department on 01727 858687, ext 475.

## Cannabis evidence

The Royal Pharmaceutical Society's working party on the therapeutic uses of cannabinoids was due to give verbal evidence to the House of Lords Select Committee inquiry into cannabis last Wednesday, after *C&D* went to press.

The Society has recommended that cannabinoids should be transferred to Schedule 2 of the Misuse of Drugs Regulations to facilitate large, well-controlled studies on their medicinal uses.

# Call to promote healthcare

All interactions between community pharmacists and the public should aim to be health promoting, suggests a report published this week.

But several factors need to be addressed before health promotion by pharmacists can be taken forward, the most salient being remuneration, work structures and skill mix. There is a need to move from a fee per item towards payments for overall services, says the report 'Guidance for the development of health promotion by community pharmacists'. Pharmacies dispensing fewer prescriptions have more time to provide health promotion, but this is not recognised in current remuneration.

Health promotion is something all pharmacists should do and in recent

years many have changed their behaviour accordingly. But to be taken seriously, they must be shown to produce health gain in a cost-effective manner. They should aim not only for lifestyle changes but to increase the number of years that people spend free of illness.

The report results from work carried out by Dr Claire Anderson, director of pharmacy practice research, King's College London, commissioned by the Royal Pharmaceutical Society and the Department of Health. The terms of reference were to build a database of examples of health promotion by community pharmacists and to convene an expert group to produce guidelines for further development.

At the end of last year, community pharmacists in 75 health authorities

were involved in health promotion activity and others were active on an *ad hoc* basis. Few of these activities have been effectively evaluated. Most projects were short-term, using 'one-off' sums of money; few had funding to support them over longer periods.

Health promotion was seen as an additional activity, distinct from medicines supply, for which extra training was required. But it must become an implicit part of pharmaceutical care and will most often be linked to the sale or supply of medicines, the report suggests. All pharmacists can provide a basic service while others could do a lot more. They must also work with the rest of the healthcare team and with local health promotion units to provide consistent messages.

## David Sharpe plans walk-in medical centre

David Sharpe has opened three consulting rooms for complementary therapists and private GPs at his north London pharmacy.

The pharmacy offers acupuncture, aromatherapy, chiropody, chiropractic, osteopathy, counselling, hypnotherapy, kinesiology, massage, reflexology and reiki (a form of healing). In November he will employ a nurse practitioner to run a travel clinic, together with well-woman/well-man, smoking cessation and obesity clinics, while the doctors will start a clinic for men's sexual health. The ultimate aim is for a walk-in medical centre.

Mr Sharpe opened the Mill Hill Broadway pharmacy three years ago as Care Chemists. Now renamed Health Care Centre, it has been extended backwards into what was previously an empty yard. Rather than diversifying his product range, he thought a more interesting use of the space would be to hire consulting rooms to complementary practitioners. An architect designed the three rooms and reception area, which took four months to build and furnish.

Several complementary therapists already had private clinics in the area so he knew the demand was there.

"The advantage we have over them is that 1,000 customers a week come into the pharmacy. Many have a background of pain and disease so we can offer them other worthwhile treatments. Being a pharmacy lends respectability, and is proving an advantage for female therapists who were previously wary about taking male patients into their own homes."

He rents the rooms to individual practitioners for £20 for a four-hour session, leaving them to decide what



**Ben Marsh (David's stepson) in the counselling/hypnotherapy room with pharmacy assistant Susan Nyman**

to charge their clients. The four private GPs run a consortium in which they are jointly responsible for patients. They hold surgeries there on four days a week and a doctor is always on-call.

The pharmacy is open from 9am-9pm, so each room could be let for three sessions a day - a total of 54 a week. The rooms have been open only for a week but he is delighted with the response.

"It is good for pharmacy to be seen as a centre for health practitioners, including GPs," he says, "and it unquestionably enhances the clinical and professional atmosphere. To me it has been much more satisfying than extending my range of merchandise, which I could have done instead."

He recruited the 18 therapists by word of mouth and with a notice in the window. He has a waiting list for aromatherapists, osteopaths and chiropractors, as he did not want more than two of each practitioner.

His main advertising medium to the

public is a large window sign, and an outside company has mailed 15,000 addresses in London NW7 and N20.

Having given up his commitments on the Royal Pharmaceutical Society's Council and PSNC, Mr Sharpe works in the pharmacy from 9am-6.30pm five days a week and no longer employs a manager.

An active believer in complementary medicine, he already had personal experience of acupuncture, chiropractic and osteopathy before deciding to diversify. Last week he thought he ought to try kinesiology and reiki so he could explain to customers what they were. But he's still not much wiser about reiki.

"The therapist put these nice warm hands on my forehead and I just fell asleep!" he says. "She said it was probably not for me!"

● Mr Sharpe would be delighted to show passing pharmacists round the premises at 31 Mill Hill Broadway London NW7 (tel: 0181 959 1512).



## The human face of central services

For all community pharmacists, the Central Services Agency remains our most important contact with the Health Service. Even though our dispensing contracts are with the health boards and the Pharmaceutical Contractors Committee negotiates on our behalf with the DoH, the CSA provides the mechanism by which our labours are rewarded.

Since I opened my business, I have been paid faithfully every month and I have yet to find an error in payment. Occasionally I have been confused about payment, but my queries were always dealt with professionally.

The CSA is held in high regard by most pharmacists, and yet it is a large, complex organisation – the kind that can easily alienate the individual. The reason it doesn't is simple: the reason is Ronnie McMullan. For community pharmacists, Ronnie McMullan is, and has been for the past 30 years, the human face of the CSA. He is, without doubt, the best known character in N Ireland pharmacy.

**"I hope the CSA realises the valuable asset it has in Ronnie McMullan"**

He is larger than life, gregarious, often noisy, yet endearing to all he meets. He is ubiquitous and noticeable at all pharmacy functions. He tends to dominate the company he enters but his, I believe, identifies essentially a shy, private person whom over the years, I have grown to admire and respect. He is young at heart, kind, generous and exudes integrity.

Pharmacists know Ronnie and Ronnie knows most pharmacists by name. He is a dyed-in-the-wool professional, with a deep commitment to pharmacy and a strong loyalty to his fellow pharmacists. He is a past president of the Society, and has served as a council member.

Ronnie was made a Fellow of the pharmaceutical Society some years ago and, if my memory serves me right, it was just after he ensured that contractors were paid in spite of an industrial dispute at the CSA. Businesses were saved from severe hardship. The CSA could be re-organised in the near future along with the boards. I hope it realises the valuable asset it has in Ronnie McMullan.

*Written by a practising Northern Ireland community pharmacist.*

# Xrayser

Topical Reflections

## Restore sanity to these ridiculous restrictions!

I expected that there would be problems trying to explain to a sceptical general public the new regulations over the sale of paracetamol and aspirin, but even I never expected such a degree of anger and frustration. However, it is Dotty and the girls that I really feel sorry for. They have had to take the brunt of this anger while bravely defending the indefensible.

I can understand the reasoning for the new regulations, but the restrictions as they stand are fundamentally flawed. Instead of ensuring responsible purchases through supervised sale, they are only encouraging sales from the 'no questions asked' corner shop where the indignity of interrogation by a pharmacist has become a conspiratorial standing joke. And to add insult to injury, at £0.19 for 16 tablets, they are selling at a cheaper price than I am at present able to buy them for.

Leaving aside the equally ridiculous restriction of the sale of 75mg aspirin, the inevitable result of these regulations will be to polarise the purchase of all aspirin and paracetamol to non-pharmacy outlets. The difference in quantities between 16 and 32 is insufficient to direct customers to a pharmacy, and since the maximum purchasable quantity in both cases is the same, the public have already learned the easy way out.

The drain of customers away from pharmacy towards grocery will now accelerate and pharmaceutical constraints to inappropriate sale will become irrelevant. We cannot afford to wait the years that it will take to build up sufficient statistics to prove the nonsense of the situation, but must campaign now for an immediate change to the regulations.

Aspirin dispersible 75mg should revert to its previous control and the minimum pack for GSL sale of both paracetamol and aspirin should be limited to that necessary for immediate treatment. If the 32 maximum Pharmacy-only pack is to remain, the maximum GSL pack should be six tablets or its equivalent.



Yet the more logical arrangement would be for the 16 GSL minimum to be retained with a legal requirement for only one sale per customer, and for the 100 pack for pharmacy sale to be restored, but with the stipulation of only one pack per customer to be sold under the direct supervision of a pharmacist.

These changes would require little further amendment to the current regulations, but would restore sanity to a situation which runs the danger of destroying the good intentions that motivated the introduction of the regulations.

## March of the multiples must stop

Surprise, surprise! A Department of the Environment report has blamed the explosion of out-of-town supermarkets for the decline in town centre shopping. So what has been obvious for years to grass roots businessmen unable to compete has at last been given official recognition.

However, closing the door after the horse has bolted is little consolation to those whose livelihoods have been destroyed by the march of the supermarkets. The number of superstores has increased from 457 in 1986 to 1,102 by the end of

1997 and the big five now control more than 75 per cent of the grocery market.

It will take a long time to reverse the damage done by years of incompetent planning, but, at the risk of perpetuating existing monopolies, the multiples must be firmly told that enough is enough. Pharmacies are the last bastion of the independent community shop, but if they are nurtured by a sympathetic planning law they could form the nucleus for the revival of a more balanced range of town centre shopping.

## Out of the pharmacy into the kebab shop ...

The recent reports of the imminent sale of Damien Hirst's Pharmacy restaurant to the Hartford Group have now been confirmed at a price of £7 million.

That is a lot of goodwill for a pharmacy that has only been open for nine months, but according to *The Guardian*, Damien and his business partner Matthew Freud now plan to lunge down-market with an as-yet-unnamed chain of branded kebab shops. A few names immediately come to mind. Drug store, supermarket or even dispensing doctor, to suggest a few!



# Script specials



## Relenza effective against 'flu

Glaxo Wellcome has applied for European regulatory approval for its new antiviral drug Relenza (zanamivir), which has been shown to be effective in the treatment and prevention of influenza.

Zanamivir is a new generation of drug which interferes with the 'flu virus lifecycle by inhibiting the neuraminidase enzyme. This prevents the release of the virus from the cell and stops the spread of the virus through the respiratory tract. Zanamivir comes as an inhaler to deliver the drug directly to the respiratory tract, the sole site

of 'flu infection in humans, without the risk of systemic side effects.

Data from a key phase III trial has shown that 'flu patients treated with inhaled zanamivir had less severe symptoms than placebo and recovered from the illness 1.5-2.5 days earlier. Also, high risk patients experienced fewer complications (14 per cent vs 46 per cent with placebo) leading to a reduction in the use of antibiotics.

Another placebo-controlled study looked at prophylactic treatment with zanamivir over a four-week period. The results showed that two-thirds of sub-

jects who had not been vaccinated against 'flu and who were given zanamivir were protected from illness and 84 per cent had 'flu which was restricted to fever.

The drug is effective against type A and B 'flu virus and against changes in surface proteins which viruses undergo. There is no evidence to suggest resistance of the 'flu virus to zanamivir.

Relenza is expected to be approved in time for the 1999 winter season.

**Glaxo Wellcome plc.**  
Tel: 0171 493 4060.

## Dermal launches shower emollient



Dermal Laboratories is launching a new prescribable antimicrobial shower emollient for dry and pruritic skin conditions, including eczema and dermatitis.

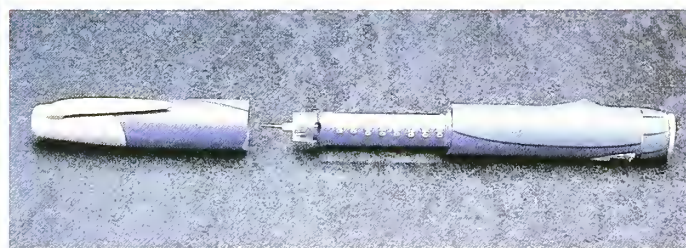
Dermol 200 Shower Emollient contains benzalkonium chloride, chlorhexidine hydrochloride, liquid paraffin and isopropyl myristate in a white, non-greasy emollient. The product is designed for direct application on to the skin and is suitable for use as a soap substitute in the shower.

Its antimicrobial properties assist in overcoming infection, whether from *S aureus*, the pathogen which often complicates eczema and associated pruritus, or secondary infection caused by scratching.

The product carries a Pharmacy licence and is supplied in a 200ml shower pack. The basic NHS price is £3.99 (retail £7.04).

**Dermal Laboratories Ltd.**  
Tel: 01462 458866.

## Lilly launches user-friendly insulin pen



Lilly has introduced Humapen, a new user-friendly insulin pen for its Humalog and Humulin insulin 3ml cartridges.

The reusable pen allows more accurate dosing of insulin and makes it possible for the patient to correct doses without wasting insulin. The pen also carries large dose indicator numbers, making it easier for people with poor sight to read it. Another advantage is the safe-grip, soft touch material which minimises slipping and is particularly

beneficial to people with such conditions as arthritis.

The pens will be supplied free by diabetes clinics to patients on Humulin insulins and Humalog. Replacement needles will either be available from the clinic or will need to be bought from the pharmacy. Becton Dickinson pen needle are compatible with Humapen. The pen has a warranty for three years.

**Eli Lilly & Co Ltd.**  
Tel: 01256 315000.

## MEDICAL MATTERS

### Antibiotics don't work on cold and 'flu, says CHIC

The Consumer Health Information Centre will be encouraging people with colds or 'flu to visit the pharmacist for advice rather than going to the doctor for antibiotics.

The cold and 'flu campaign, which is in its second year, will consist of a poster and updated leaflet featuring the cartoon character Ebenezer Sneezzer and the slogan 'Did you know antibiotics don't work on cold and 'flu?'. Further information is carried on the natural course of a cold, treatment

and on distinguishing between colds and flu. The CHIC helpline number (0845 6061611) will also attempt to answer further queries.

Speaking at the launch of the campaign Dr Patricia Wilkie, CHIC panel member and co-opted member of the Department of Health's Standing Medical Advisory Committee on antimicrobial resistance, said: "The message is that antibiotics cure serious illnesses, not cold and flu and you save them for when they are important."

## IN BRIEF

### Zomig 3s discontinued

Zomig 3-tablet packs have been discontinued leaving only the 6-tablet (basic NHS price £24.12) and 12-tablet packs (£48.00).

**Zeneca Pharma.**  
Tel: 01625 712712.

### CFC-free inhaler leaflet

The Department of Health has started to distribute its new consumer leaflet on CFC-free inhalers to pharmacies and GP surgeries. The leaflet has been put together with the help of the National Asthma Campaign and the British Lung Foundation, with extra funds allocated to the NAC for a consumer helpline (0345 010203). Leaflets and posters advertising the leaflets can be obtained from the DoH, PO Box 410, Wetherby LS23 7LN.

### RPR transfers

Rhône-Poulenc Rorer has transferred the marketing and distribution rights of Frumil, Frumil LS and Frumil Forte to Helios Healthcare and the rights of Flagyl, Largactil, Orudis and Oruvail to Hawgreen Ltd. The new distributor for both companies is Distriphar UK Ltd. Pharmacists should note that the transfers have led to substantial price increases on some of these products. Flagyl S is out of stock and back orders will not be filled.

**Rhône-Poulenc Rorer Ltd.**  
Tel: 01732 584000.

### APS/Berk Bumetanide

APS/Berk has launched generic Bumetanide 1mg and 5mg tablets in 28-tablets blister packs, with basic NHS prices of £1.81 and £11.20 respectively.

**Berk Pharmaceuticals.**  
Tel: 01132 380099.

### Aurum addition

Aurum Pharmaceuticals has launched Magnesium Sulphate Injection 50 per cent w/v 1g in 2ml (10x2ml ampoules, basic NHS price £12.00), as well as Lidocaine Hydrochloride 5 per cent w/v and Phenylephrine Hydrochloride 0.5 per cent w/v topical solution (2.5ml solution, basic NHS price £8.00) in glass bottles with nasal applicator. The distributor for both products is Distriphar UK.

**Aurum Pharmaceuticals Ltd.**  
Tel: 01403 786781.



When dry, sensitive skin doesn't need medical treatment,  
new Skin Confidence makes all the difference.



BODY LOTION

Proven 24 hour moisture  
With Vitamins  
For Dry, Sensitive Skin

HAND & NAIL  
CREAM

Proven 24 hour  
moisturisation  
With Vitamins  
For Dry, Sensitive Skin



SHOWER CREAM  
Protects against moisture loss  
With Minerals  
For Dry, Sensitive Skin



BODY LOTION  
Proven 24 hour moisturisation  
With Vitamins  
For Dry, Sensitive Skin

**NEW**

*Skin  
Confidence*  
**E45**

A new range of daily  
moisturising products with  
E45 expertise.

While everyday, dry, sensitive skin doesn't need medical  
treatment, it still needs expert care. That's why the makers of E45  
developed new Skin Confidence.

As you'd expect, coming from E45, the new everyday skin care  
range is formulated without potentially irritant perfumes, colours,  
other unnecessary additives.

And, most importantly, Skin Confidence Body Lotion and Hand  
Nail Cream are proven to keep skin moisturised for 24 hours.  
The result: hydrated, healthy feeling skin. All day. Every day.

Skin Confidence Body Lotion 200 ml bottle RSP £3.39, 500 ml pump pack RSP £6.39 Skin Confidence Hand and Nail Cream 75 ml tube RSP £2.69 Skin Confidence Shower Cream 200 ml RSP £2.69





# Counterpoints



## Cultivating the herbal market

Seven Seas Health Care is launching three new Höfels herbal food supplements - Ginger & Ginkgo in Garlic, Peppermint & Marshmallow, and Echinacea & Rosehip.

Building on the Höfels Garlic range, Ginger & Ginkgo in Garlic (30 tablets, £6.95) may help to maintain a healthy circulation. Ginger is known for its warming properties, while ginkgo may help boost circulation to the extremities.

Peppermint & Marshmallow (30 tablets, £3.99) is aimed at people who have prolonged indigestion. Peppermint is known for its calming, antispasmodic properties and marshmallow has long been used as a digestive aid.

Seven Seas expects Echinacea & Rosehip (30 tablets, £3.99) to appeal to customers who want to build up their immune systems in the run up



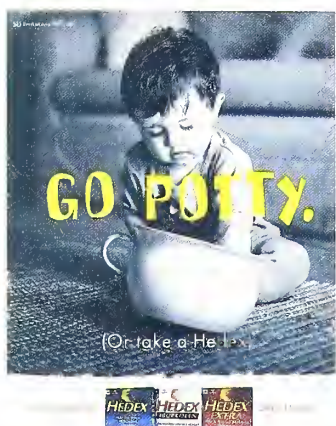
to the cough and cold season.

The Höfels brand will be supported by a national newspaper and magazine advertising campaign featuring the Bristow cartoon character.

● According to recent research by

*Reader's Digest*, 15 per cent of consumers buy alternative remedies from Boots, 20 per cent from other chemists and 39 per cent from health food stores.

**Seven Seas Health Care Ltd.**  
Tel: 01482 375234.



## SB goes potty with Hedex range

SmithKline Beecham is running a £500,000 press campaign for the Hedex range from now until late October.

The adverts are aimed at women aged 25-44 and are appearing in titles such as *Bella*, *Chat* and *Woman's Own*. They highlight familiar headache-provoking situations with the catchphrase, 'Go potty. (Or take a Hedex)'.

**SmithKline Beecham Consumer Healthcare UK.** Tel: 0181 560 5151.



## New Vicks makes remedy choice easy

Procter & Gamble is introducing a new look for its Vicks VapoSyrup cough relief products.

The range is now packaged with distinct colour codes for each variant to aid choice - yellow for tickly coughs, red for chesty coughs and blue for dry coughs. VapoSyrup for dry coughs will be a Pharmacy-only line. All variants retail at £3.49.

The brand will be supported by a £1.5 million national TV campaign

over the peak cough months of December and January.

● Procter & Gamble now runs a forecasting service providing warning of regional incidences of coughs and colds around the UK. Available for pharmacies, the service is designed to aid with the stocking of cough and cold remedies.

**Procter & Gamble (Health, Beauty & Cosmetics) Ltd.**  
Tel: 01932 896000.



## SetonScholl adds mousse to Full Marks range

SetonScholl Healthcare is extending its Full Marks head lice treatment range with the launch of Full Marks Mousse.

The mousse, which contains 0.5 per cent w/w phenothrin, is applied to dry hair and can be washed out with shampoo.

The mousse is available as a 50g (£3.99) or a 150g size (£8.99).

**SetonScholl Healthcare plc.** Tel: 0161 652 2222.

## Igacept launched for sore throats

W W Medical has launched Igacept Throat Lozenges, a natural treatment for sore throats, from Denmark.

Manufactured by Pedersen's Laboratorium, Igacept is derived from bovine colostrum - the first milk expressed after birth of the new-born. This includes antibodies IgA, IgG and IgM. The company claims sucking one or two of the lozenges per hour may help soothe the throat.

A pack of 20 lozenges costs £2.49. They are available mid-October.

**W W Medical Ltd.**  
Tel: 0118 971 4575.

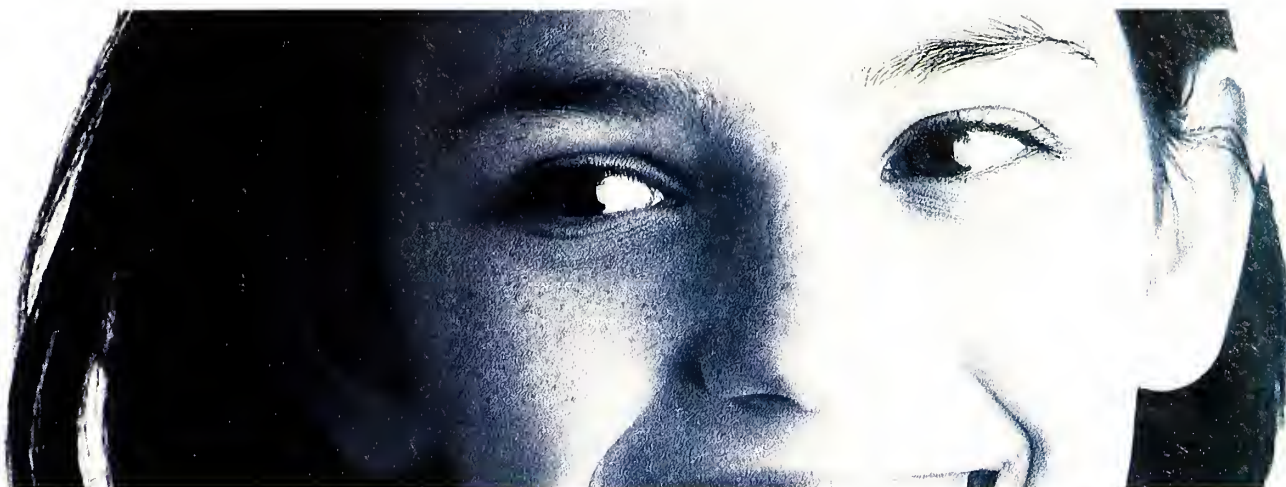
## Effervescent Vitamin C

BR Pharmaceuticals is launching Effervescent Vitamin C tablets in high strength 1,000mg doses. A tube of 20 tablets retails at £2.49.

**Trinity Healthcare.**  
Tel: 01932 788080.



She's had eczema her whole life.



## But now she has E45 Complete Emollient Therapy

It's no fun going to school with eczema – it's hard work. But it needn't be with a daily management regime. That's why she bathes everyday in E45 Bath – an unperfumed bath oil. That's why she washes every time with E45 Wash – a non-drying soap-substitute. And that's why she applies E45 Cream whenever she needs to. E45 offers a unique emollient management programme that is specifically tailored to meet the needs of patients with dry eczema and is both effective and pleasant to use. It's ideal for prescribing. That's why she uses E45 Complete Emollient Therapy.



DERMATOLOGICAL  
**E45** Complete  
Emollient Therapy

### Prescribing Information E45 Cream

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

#### Uses

For the symptomatic relief

of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

#### Dosage and Administration

Apply to the affected part

two or three times daily.

#### Contra-indications, Warnings etc

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

#### Package Quantities

Tubes containing 50g  
Tubs containing 125g and also 500g.

#### Basic NHS Cost

50g £1.18, 125g £2.39,  
500g £5.61.

#### Legal Category: GSL

**Product Licence Number**  
PL0327R/5904

#### Product Licence Holder

Crookes Healthcare Ltd,  
Nottingham NG2 3AA

**Date of preparation**  
September 1998

### E45 Emollient Wash cream

**E45 Emollient Bath oil**  
Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA

#### Legal Category: ACBS

**Date of Preparation**  
September 1998



## Taking some lip from Nivea



Beiersdorf UK Ltd has added four lipcare products to its Nivea range.

Nivea Lip Care is formulated to repair, protect and care for lips to help improve their appearance with or without cosmetic enhancement.

The four variants are Essential - for daily care and protection of the lips; Rose - for daily lipcare with a delicate pink sheen; Sun - intensive protection against UV rays (SPF 18); and Repair to provide intensive repair of sore, chapped lips (SPF 4).

Each variant is presented in a different coloured tube. Retail price is £1.75.

**Beiersdorf UK Ltd.**  
**Tel: 01908 211444.**

## Nicky Clarke curls up and shines

New in the Nicky Clarke Electric range is a heated styling system designed to create curls on mid-to long length hair at home.

The system features 18 large flexible purple styling rods in a compact black pouch. Nicky says: "Because the rods are so much longer than normal hair rollers, the whole hair shaft can be

# Palmolive revitalises bath foam market

Colgate-Palmolive is launching Palmolive Revitalising Bath Foam with a £250,000 promotional campaign.

The bath foam (£2.49 for 500ml) contains rosewater and visible moisture beads which release vitamin E and peach kernel on bursting. The mild cleansers make it suitable for sensitive skin.

A national poster campaign in November will support the launch, developing the 'Gentle Touch' theme, which the company believes has already generated a 75 per cent increase in sales of Palmolive shower gels.

● Colgate-Palmolive is also relaunching its liquid hand wash.



The dispensers have been updated with a softer typeface and the

introduction of silver blocking. The three variants are now represented on pack in pictorial form. This packaging brings the hand wash in line with the rest of the Palmolive range.

● Palmolive soap has been repackaged in smooth high-glossed paper with simple graphics and silver blocks on a white background. The pack colouring is now green for Original and peach for Creme.

The company plans to spend £3 million promoting the Palmolive brand this year. It estimates the body cleansing market to be worth £435m.

**Colgate-Palmolive Ltd.**  
**Tel: 01483 302222.**

## Three solutions for frizzy hair

Alberto-Culver has added three new haircare products to its Andrew Collinge range.

Andrew Collinge Moisturising Solutions include Re-moisturising Shampoo and Conditioner (both £2.99 for 200ml) and Re-moisturising Hair Mask (£3.99 for 100ml).

The shampoo and conditioner are aimed at brittle, coarse and frizzy hair types. The hair mask is an intensive conditioning treatment.

**Alberto-Culver Co UK Ltd.**  
**Tel: 01256 705000.**

## Slendertone for sale in pharmacies



Slendertone electronic muscle toning units are now available for sale through pharmacies.

Until recently, the units have only been available through mail order and a limited number of retail outlets.

The range includes Gymbody 8 (£99.95), which targets the stomach, back and bottom muscles; Gymbody for Men (£125), for muscle definition; TopTone 12 (£199.95), an all-over body toner; and Face Up (£189.95), which tones facial muscles.

The portable units work on the

principle of electronic muscle stimulation, a technique which Slendertone claims firms, tones and shapes muscles.

Slendertone spends around £200,000 per month on continuous promotion. Adverts appear on cable TV, in the Sunday colour supplements, women's magazines, men's lifestyle titles, health magazines and on the radio. The company also provides display stands, PoS material and leaflets.

**Slendertone UK.**  
**Tel: 0181 255 0800.**

## WHY WAIT? Solve your customers' confusion...

SEEN AS ON TV

I've never used a home pregnancy test



**SIMPLE** - just hold the absorbent sampler in your urine stream for a few seconds

Maybe I won't be able to understand the result



**CLEAR** - an unmistakable result which is over 99% accurate.

I want to be the first to know - and I want to know now



**WHY WAIT?** - Clearblue provides a fast, accurate result in just ONE MINUTE.



**Britain's No. 1 pregnancy test**



# Why is Deep Relief a howling success?



It's unique – and now it's on TV this winter.



Deep Relief is unique because it's the only topical NSAID with two active painkillers.

And now we'll be highlighting its unique power on TV. Starring

Derek the Deep Relief Dog our eye-catching commercial will have your customers panting for Deep Relief.

So if you don't stock up to meet the demand – you must be barking!



Ibuprofen plus levomenthol

## IMMEDIATE PAIN RELIEF THAT LASTS FOR HOURS

DEAL CONTACTS: UK – The Jenks Group, Tel 01494 442446 · Northern Ireland – Prima Brands, Tel 01232 814700 · 100g: Eastern Pharmaceuticals Ltd Tel 0181 569 8174

**Presentation:** Deep Relief is a clear colourless gel containing Ibuprofen Ph Eur 5.0% and Levomenthol Ph Eur 3.0%. Product licence held by the Mentholatum Company Limited, East Kilbride, Scotland. **Indications:** A topical anti-inflammatory and analgesic for the relief of rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries. **Directions for adults, the elderly and children over 12 years:** Apply gel over affected area and massage gently until absorbed. Repeat as necessary, up to 3 times daily. Not to be repeated more frequently than every 4 hours. **Contra-indications:** Not to be used, if hypersensitive to any of the ingredients, or sensitive to aspirin, in patients with renal problems, or by asthmatics in whom aspirin or NSAIDs are known to precipitate asthmatic attacks, rhinitis or urticaria. **Precautions/Warnings:** Not to be used on/near mucous membranes, eyes, nose, mouth or broken skin. **Side Effects:** Some skin disorders, application site reactions and rashes may occur including pruritis and urticaria. Abdominal pain and dyspepsia may result. Bronchospasm may occur in patients suffering from bronchial asthma or allergic disease. If any unwanted effects are experienced consult your doctor. Keep all medicines out of the reach of children. Store below 25°C. **FOR EXTERNAL USE ONLY. Legal Category:** GCT. **1189/00271** Packs: 15g (£1.29 RRP), 30g (£3.79 RRP), 50g (£4.89 RRP), 50g Pump Dispenser (£4.99 RRP) and 100g dispensing pack. **Date of Information:** April 1998



# Weighing in with new health monitor

Following a highly successful launch at Chemex '98, the K5 Health Monitor from Healthcare Monitors is now available to pharmacies in the UK.

Vending at £1, the machine features the latest technology to measure weight, height, body mass index, blood pressure and pulse rate. It takes up less than 1.5 sq ft.

Flexible financial packages are available via Schroders or NPA for existing members.

**Healthcare Monitors UK Ltd.**  
Tel: 0113 232 3343.



## Sendhill launches Pillmate aids

Sendhill is introducing a range of medication management aids called Pillmate.

The range consists of a multidose weekly tablet dispenser (£2.99), a seven day dispenser (£0.99) and a tablet cutter (£0.99).

Each product is individually packed with a header card and instructions. Pillmate comes in a presentation box of six weekly multidose dispensers and pill cutters and 12 seven day dispensers.

**Sendhill Ltd.**  
Tel: 0181 595 7836.

## Kodak to snap up Disney sales

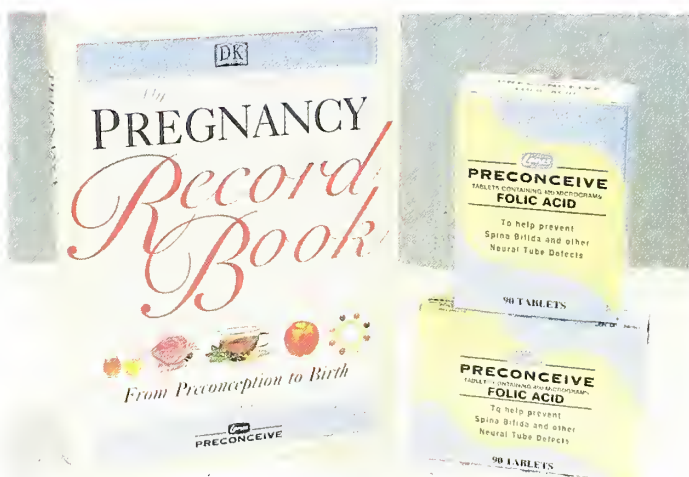
Kodak is teaming up with Walt Disney by using branding from Disney's latest animated film, 'Mulan', on its new single-use camera gift pack.

Aimed at the children's Christmas gift market, the set includes a Kodak Fun Gold Flash single-use camera and a free 'Mulan' photo album, containing images of the film's characters.

A handy free photo guide gives hints and tips on how to take better photos. Retail price is £9.99.

'Mulan' is scheduled for release in the second week of October and the new gift pack will be available from November while stocks last.

● Kodak will be supporting its Kodak Advantix gift packs with a £3m advertising campaign before Christmas. A TV commercial will be on air from November 23 and adverts will appear in women's titles and weekend supplements.  
**Kodak Ltd.**  
Tel: 01442 261122.



## Lane publishes 'pregnancy diary'

A new book from G R Lane, published as a joint venture with publisher Dorling Kindersley, aims to reinforce the folic acid message among women considering pregnancy.

'My Pregnancy Record Book - from Preconception to Birth' is available from October 22. It is a hardback retailing at £5.99.

There is an introduction from Lanes with a Preconceive product shot and an explanation of why it is important to take folic acid before and during pregnancy.

The diary space is for before conception as well as during pregnancy. The book also contains information about conceiving, diet, exercise and preparing for the birth.

The book is available from Dorling Kindersley on 0171 753 3551.

**G R Lane Health Products.**  
Tel: 01452 524012.

## Fujifilm's winter offers

Fujifilm is offering between £5 and £50 off its Fotonex range of APS cameras in gift sets, with either 75 or 150 additional free shots of film this autumn and winter.

The Fotonex range is being supported by a £750,000 press advertising campaign in national newspapers as well as PoS material.  
**Fuji Photo Film (UK) Ltd.**  
Tel: 0171 586 5900.

### IN BRIEF

#### 'P' for Polaroid

Polaroid has launched a re-styled and updated version of its 600 instant camera called 'P'. The camera is packaged in a silver presentation box. It retails at £34.99.

**Polaroid (UK) Ltd.**  
Tel: 01582 632000.

#### Help with stress

Rache Consumer Health is launching a series of stress fact sheets sponsored by Paracadal. The series includes 'Stress at Work', 'Stress and Children' and 'Stress and Relationships'. The fact sheets are available to pharmacies from: Paracadal SC Fact sheet Offer, Checkers, Westfield Industrial Estate, Bellamy Rd, Mansfield, Notts. NG18 4LN.

**Rache Consumer Health.**  
Tel: 01707 366000.

#### Duracell has Xmas taped

Duracell is linking up with Blackbuster video rental in a pre-Christmas promotion. Consumers who buy two packs of Duracell or Duracell Ultra batteries in one transaction will be entitled to £10.50 worth of Blackbuster vouchers.

**Duracell UK Ltd.**  
Tel: 01293 517527.

#### Preparation H campaign

Whitehall Laboratories is supporting its Preparation H anti-haemorrhoidal treatment with a £135,000 advertising campaign in national newspapers. The campaign aims to convey the message that one in four will suffer from haemorrhoids.

**Whitehall Laboratories Ltd.**  
Tel: 01628 669011.

#### Zest herbal CD-ROM

The telephone number for Zest Healthcare appeared incorrectly in last week's issue of C&D (Herbal Pharmacy CD-ROM, p12). The company's number is:

**Zest Healthcare.**  
Tel: 0181 579 8066.

### ON TV NEXT WEEK

**Aquafresh Flex Direct:** All areas except U, C4, GMTV

**Colpermin:** G, C, M, CAR, Sat

**Deep Relief:** C4, C5

**Nizoral dandruff shampoo:** All areas except U, C, M, IWT, CAR, GMTV

**Nytol:** All areas

**Prosport:** Sat

**Settlers:** All areas

**Seven Seas Extra High Strength Cod Liver Oil:** C4, C5, Sat

**Wella Shock Waves:** U, STV, G, C, A, W, M, IWT, C4, C5, Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire



Paul Kelly, Superintendent Pharmacist, Seaton Valley Co-operative Society, Tyne & Wear comments on

*the UK's **Nº1 Loyalty Scheme** for pharmacists*



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# Miners bears all for Christmas

Miners Cosmetics has created two new gift ranges for the festive party season - 'Teddy' and 'Party'.

The Teddy collection features Bear Necessities - two nail colours in teddy bear bottles (rsp £3.99), Glitterlocks & The Three Bears - glitter hair mascara and three nail colours in teddy bear bottles (rsp

£7.99); and Bear Face Chic - three pots of body glitter and a teddy bear

bottle of nail polish in a glitter gift pack (rsp £4.99).



The Party range includes Star Track all over roll-on Glitter Gloss in fruity fragrances (rsp £4.99) and Body Glitter Collection - four pots of body glitter (rsp £4.99).

**Miners International Ltd.**  
Tel: 01264 350379.

## Festive fingers from Mavala

Mavala is introducing two nail product promotional packs which make ideal Christmas gifts.

Three mini nail colours are presented in an attractive seasonal selection box which is available in six shade combinations - ranging from classic colours to glamorous glitters.

Trade price for 18 assorted packs is £84.24 or £4.68 for individual packs (rsp £7.95).

The Mavala nailcare kit is a selection of nail treatment products in a small waterproof bag. It contains Scientifique Nail Hardener, Mavala 002, Colorfix, remover pads, emery boards, cuticle sticks and a guide to the care of hands and nails booklet.

The kit is available as a set of six on a display tray and showcard (trade price £43.62 plus VAT).

**Mavala UK Ltd.**  
Tel: 01732 459412.

## Polo festive gift 'wrap'

Prestige & Collections is giving away a Ralph Lauren towel with certain purchases from the Polo range during the run up to Christmas.

Made from 100 per cent cotton, the luxurious white towel features the classic signature Ralph Lauren Polo Player in forest green.

Available from October, it will be free with purchases of Polo EDT (118ml) or After Shave (118ml).

**Prestige & Collections Ltd.**  
Tel: 0181 979 6699.

## Dreaming of a white Christmas

Prestige & Collections is introducing a Snowflake Collection of gift sets in October.

Decorated with a snowflake design, the gift boxes feature bath and body luxuries from the Anaïs Anaïs, Eden, Eau D'Eden and Loulou ranges.

The sets contain EDT/eau de

parfum spray, bath & shower gel and body lotion. Retail price is £27.50.

There are also duo sets of EDT/eau de parfum spray and perfumed soap from the Anaïs Anaïs, Eden or Eau D'Eden ranges. Retail price is £19.50.

**Prestige & Collections Ltd.**  
Tel: 0181 979 6699.

## Revlon puts glitter cosmetics in the bag

Revlon is adding sparkle to Christmas sales with trendy PVC bags containing three different glitter cosmetics.

Available from October 1, Streetwear Glitter Bags contain Streetwear Nail Enamel, Nail Glitter and Body Glitter.

The bags come in four colours: Psychedelic Glitter (pink), Disco Glitter (blue), Groovy Glitter (purple) and Hologram Glitter (silver). Retail price is £9.95 (normally £11.95).

**Revlon International Corp.**  
Tel: 0171 629 7400.

## Christmas cracker offer on Noir range

Network Health & Beauty is introducing a festive promotional offer on its Noir men's range to capitalise on gift sales.

Noir aftershave and Les Essentials grooming range are presented together in a special parcel. The products are displayed in a seasonal 'selfasta', which promotes retail prices at 'up to one third off'.

Available from the end of September, the parcel includes aftershave (50ml), aftershave balm (50ml), APD spray, moisturising shower gel and talc.

**Network Health & Beauty.**  
Tel: 01252 533333.



### Gaviscon Advance Essential

#### Information

**Gaviscon Advance Active**

**Ingredients:** Sodium alginate BP

1000mg and potassium bicarbonate

USP 200mg per 10ml dose. Also

contains ethyl and sodium butyl

hydroxybenzoates and sodium

saccharin. **Indications:** Gastric reflux,

reflux oesophagitis, heartburn, hiatus

hernia, flatulence associated with

gastric reflux, heartburn of pregnancy.

All cases of epigastric and retrosternal

distress where the underlying cause is

gastric reflux. **Dosage instructions:**

Adults and children over 12: 5-10ml

after meals and at bedtime. Children

under 12: Only on medical advice.

**Contra-indications:** Hypersensitivity

to any of the ingredients. **Precautions**

**and warnings:** 10ml liquid contains

4.6mmol (106mg) sodium and 2.0mmol

(78mg) potassium. If symptoms do not

improve after seven days, the doctor

should be consulted. **Side-effects:**

Very rare hypersensitivity reactions.

**Retail price:** 140ml £3.90. **Marketing**

**Authorisation:** 0063/0097. **Supply**

**Classification:** Pharmacy Medicinal

**Product. Holder of Marketing**

**Authorisations:** Reckitt & Colman

Products Limited, Dansom Lane, Hul

HU8 7DS. Gaviscon Advance and th

sword and circle symbol are

trademarks. Date of preparation: Jun

1998.

Ⓢ Reckitt & Colman Products Limited





HEARTBURN

WHEN HEARTBURN'S PAINFUL,  
INSTANTLY SOOTHE IT.

**GAVISCON**  
**ADVANCE**

sodium alginate BP 1000mg, potassium bicarbonate USP 200mg.



# Working together for health in Wales

An international conference, 'Working together for better health', took place in Cardiff last week, organised by Health Promotion Wales, in association with WHO and the European Commission.

More than 900 delegates from some 45 countries gathered at the Cardiff International Arena to focus on how health services could work with others to safeguard and improve the health of people and communities. Sharing of experiences, both successes and failures, was a key objective and community pharmacy responded with four speakers, who highlighted striking and positive successes. **Alaster Rutherford** reports.

## New Zealand races ahead in self-care

Just how far ahead New Zealand pharmacists are of their colleagues in Britain was made evident by Caroline Hooper (below) of the Pharmaceutical Society of New Zealand.

From its launch in August 1992, with 450 out of NZ's total of 1,010 pharmacies participating, the self-care scheme has grown to involve over 60 per cent of all pharmacies. Designed to identify community pharmacy as the primary centre for health information and advice, it has clearly worked well, with over 64,000 health cards distributed during 1997. Each card is written, for the recommended reading age of nine, by independent authors and reviewed by expert panels including con-

sumers. Some, such as smoking cessation ones, are accompanied by a programme of follow up interventions.

Community pharmacy now has a dramatically raised profile with health-care purchasers and consumers. A commitment to team working throughout self-care means that pharmacy staff share in the education and training and the active promotion of community pharmacy as a source of quality health information.

Liberal advertising laws allow prescription medicines to be advertised and sponsors pay NZ\$5,000 (£1,700) for a space 10cm high and one column wide on the front of a fact card. How prescribers react to patients who have read the cholesterol fact sheet requesting Lescol is not known. Self-care has to be self-financing and relies upon the support of major sponsor Glaxo Wellcome, who provides the distribution warehouse and couriers, in addition to a large cash grant.

Co-ordination of a complete package, sold to PSNZ members as a franchise, is a striking difference from UK health promotion initiatives. Ms Hooper highlighted the benefits of the programme to get pharmacists to move towards comprehensive pharmaceutical care in New Zealand.



## Pharmacy windows to the world

Public awareness and the use of community pharmacies for health promotion advice increased dramatically following a window display campaign on emergency contraception, according to Sangeeta Sharma, research pharmacist at Ealing, Hammersmith and Hounslow Health Authority.

'Morning after the Night Before' was supported by 20 pharmacies. Display

boards and pharmacy windows increased showcases. Leaflet usage increased by up to 45 times pre-study levels and customer surveys showed over 80 per cent would now go to the pharmacy for health advice.

Techniques developed during the pilot have since been used as part of a diabetes campaign and to promote folic acid.



## Report calls for radical changes

Radical changes to community pharmacy practice and remuneration are called for in a major report launched at the conference.

Commissioned by the DoH and the RPSGB, 'Guidance for the development of health promotion by community pharmacists' was written by an expert group chaired by Dr Claire Anderson (right), director of pharmacy practice research, King's College, London.

Dr Anderson noted that government policy was starting to recognise the contribution made by community pharmacies, who are visited by 94 per cent of the population annually. She said that ready access to women, children, socio-economic groups C2, D, and E in striving and inner-city areas offered a unique opportunity.

By 1997, 75 per cent of health authorities had some health promotion activity involving community pharmacy. Very few of these activities have been effectively evaluated. The majority use 'one-off' sums of money, and are unable to support pharmacists over long periods of time.

The report calls for pharmacists to



be shown to produce health gain in a cost-effective manner in order to be taken seriously. The concept of the 'health-promoting pharmacy' was needed to provide a national standard and to give a framework for accreditation. Some of its proposed requirements could cause controversy, for example having no sweets in the pharmacy, promoting breast feeding products over bottle feeding ones, and not stocking sugar-containing weaning products.

## Working together to save sight

"Community pharmacists are in a valuable position to inform the public of their risk of potentially blinding eye conditions, when early detection could save sight," said Wendy Kane (right), eye health promotion officer, Royal National Institute for the Blind.

"They are particularly good at reaching those at higher risk, for example, older people, diabetics, those over 40 with a relative with glaucoma and Afro-Caribbean people, who have an increased risk of glaucoma, accompanied by more aggressive disease."

Over 125,000 people have asymptomatic undetected glaucoma, which can cause 3-4 per cent sight loss each year if left untreated. Similarly, a million have undetected diabetes, which can lead to retinopathy. Both can be identified by an optometrist. Yet recent announcements about changes to the payment system for sight tests have

led to worryingly high numbers of cancellations or deferrals of appointments by older patients, waiting for free sight tests to start again next April.

Partly financed by National Lottery money, the RNIB Eye Health Campaign is being extended through community pharmacists in five health authorities. Each pharmacist will identify 'at risk' patients and distribute personalised written patient information slips. These indicate the risk factors, entitlement to free eye examination and basic patient details.





# NEW MOUSSE

ST WHEN THEY THOUGHT

IT COULDN'T GET WORSE...



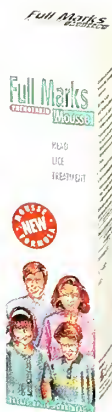
Along comes Full Marks Mousse, an effective and convenient way to combat head lice.

Full Marks Mousse comes in a modern format, is pleasant to use with low odour, and has a treatment time of just 30 minutes.

Full Marks Mousse complements the Full Marks range, giving you more choice for recommendation.



## Full Marks Mousse



WHEN PYRETHROIDS ARE THE TREATMENT OF CHOICE, LOOK NO FURTHER THAN THE FULL MARKS RANGE.

**Full Marks Mousse Prescribing Information. Indications:** For the treatment of head lice infestation. **Active Ingredient:** Phenothrin 0.5% w/w. **Dosage and Administration:** Shake can well turning it downward to dispense mousse. Apply sufficient mousse to dry hair until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for 30 minutes. Shampoo the hair as normal. Rinse and comb whilst wet to remove dead head lice and eggs. **Contraindications, Warnings, etc.** Not to be used on infants under six months of age. **Precautions:** Avoid contact with the eyes. This treatment may affect permed, bleached or coloured hair. Keep out of the reach of children. Full Marks Mousse contains alcohol which may exacerbate asthma and should be used with caution in patients with asthma. Full Marks Mousse is flammable, so apply with care and do not use artificial heat e.g. electric hair driers. If inadvertently swallowed a doctor should be contacted at once. If used by a healthcare professional to treat a large number of patients, protective plastic or rubber gloves should be worn. Continued prolonged treatment with this product should be avoided. It should not be used more than once a week and for not more than three consecutive weeks. Very rarely skin irritation has been reported. Do not use this product if you are sensitive to Pyrethroids. **Legal Category:** P. **Price:** 50g £3.99, 150g £8.99. **Product Licence Number:** PL11314/0102. **Product Licence Holder:** Seton Products Limited, Didham OLI 3HS. Full Marks is a Trade Mark of Seton. **Date of Preparation:** July 1998.

**Seton** **Scholl**  
Healthcare plc



Walk this way



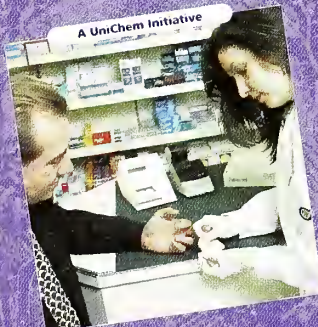
## for holiday essential

It's amazing how a little walk can save you problems budget yet often containing the same active ingredients as more expensive brands. And you're sure to find them in your local UniChem pharmacy.

It's also amazing how it can save you money. UniChem offers a whole range of own brand holiday essentials, all priced that won't walk away with your money.



## Health Testing Services



Point of Sale

Every month, members of the Community Pharmacy Initiative receive a comprehensive Point of Sale pack, bursting on an vibrant, relevant or general area of health concern. This features window posters, display cards, shelf signs and customer health education leaflets. (Or, as an alternative, we can provide you with a range of own brand products, such as health testing kits, to build a varied Christmas display.)

Over the Christmas period, you'll be able to build a varied Christmas display to attract in dealing with your customers. Brightly designed and customer-friendly these materials contribute to a professional and caring atmosphere, creating a point of difference for your pharmacy.

Each pack also includes: Government to Consumer professional signage; shop layout displays; professional sign drawing and more to the role of the pharmacist.



- Copying
- Marking
- Br. Exp.

## Community Pharmacy Initiative

PROMOTING HEALTHCARE IN INDEPENDENT PHARMACIES



UniChem is dedicated to helping the independent pharmacist to put healthcare first.

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- **Own Brand** - an extensive range of products offering a real value alternative to your customers and a higher profit for you.
- **Database Marketing** - providing marketing support and activity tailored to the individual needs of your pharmacy.
- **Local Demographic Information Consultancy Service** - provides information on your local community, competition and potential customers.
- **In-Pharmacy Health Testing Services** - up to 400 different allergies, osteoporosis risk assessment and other health risks.

And to enable you to focus on the business of Healthcare, we run the Community Pharmacy Initiative, a scheme which provides additional marketing support and business building opportunities.

# You count the Profit





# You can count on our support

**The Community Pharmacy Initiative is a broad ranging marketing programme that provides:**

- **Monthly themed POS**
- **Health Testing Services**
- **Professional Signage**
- **Local Advertising**

All activity is designed to reinforce the unique value of independent local pharmacies within their community.

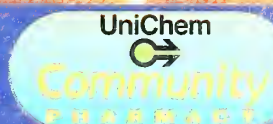
**The Community Pharmacy Initiative also offers:**

Marketing Credits Award Scheme - accrue points and redeem them against a range of business building goods and services - enabling you to compete in an increasingly competitive world.

**Most importantly, it doesn't cost you a penny. Incredible but true!**

## e'll count the cost

If you want to know more about the range of support services offered by UniChem, or if you wish to join the Community Pharmacy Initiative, call now on 0171 371 0404





# New Calpol Sachets.

It's what your  
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crying out for.



Parents rely on Calpol's tried and trusted formula to help soothe away the aches, pains and fever of childhood illnesses.

Now, in response to research with parents, Calpol Infant Suspension

is available in handy, portable individual dose sachets.

Calpol Sachets are designed to be easy for mums to carry around and are perfect for use when they're out and about.

So if you would like to help make mum's life a little bit easier while ensuring her children get effective pain and fever relief wherever and whenever they might need it, stock new Calpol Sachets.

**Calpol Infant Suspension and Calpol Sugar-Free Infant Suspension. Presentation:** Suspension containing 120 mg Paracetamol per 5 ml. **Uses:** Treatment of mild to moderate pain (inc. teething pain) and as an antipyretic. **Dosage:** repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Children 1-6 years: 5-10 ml; 3 months-1 year: 2.5-5 ml; infants under 3 months: 2.5 ml for babies who develop a fever following vaccination at 2 months. In other cases, use only under medical supervision. **Contraindications:** Hypersensitivity to Paracetamol. **Precautions:** Caution in severe hepatic or renal dysfunction. **Side and adverse effects:** Rarely skin rash and other allergic reactions. **RSP (ex VAT):** 70 ml £1.52 (Calpol Infant Suspension only), 140 ml £2.80. 10 x 5 ml sachets £2.20. **Legal category:** 70 and 140 ml bottles: P. Sachets: GSL. Further information is available from Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence numbers:** Calpol Infant Suspension: 15513/0004, Calpol Sugar-Free Infant Suspension: 15513/0006. **Date of preparation:** August 1998.



# PHARMACYupdate

## Sweating out the pros and cons



### Hormone replacement therapy

The pros and cons of HRT in women experiencing the menopause



### Eczema and infection

The role of *staphylococcus aureus* in eczema

VI

Women contemplating hormone replacement therapy usually come armed with a hundred and one questions about its benefits and safety. Jean Rothwell FRPharmS attempts to answer some of the concerns that may be put to the pharmacist

In 1991, a study showed that relatively few postmenopausal women used hormone replacement therapy. Many women who used it discontinued therapy after only a few months, with withdrawal bleeding and the fear of side effects, particularly breast cancer, being the main reasons for this.

More recent data has suggested that the use of HRT has since increased, with as many as 3 million women now using it. The reason for this may be that when HRT was first introduced, the dosage of oestrogen was much higher, causing overstimulation of the endometrium and, in a few instances, leading to a risk of cancer of the womb. The addition of progesterone to HRT treatment in the ensuing years has made the treatment safer, with less risk of women developing womb cancer.

Women who have had a hysterectomy usually take oestrogen on its own and do not have any bleeding. There are some forms of HRT now available that do not produce any bleeding.



### Quality of life

It is thought that HRT has a beneficial effect on the wellbeing of many women at the time of the menopause. Some women experience discomfort when their levels of oestrogen fall, the most common symptoms being hot flushes, night sweats, palpitations, tiredness, loss of libido and vaginal dryness. Most women suffer only one or two of these.

HRT is used initially to relieve menopausal symptoms, possibly for up to 12 months. The treatment can be stopped when these symptoms have cleared up. But if symptoms recur, it is possible to resume the treatment although it is not advisable to continue the use of HRT for longer than a period of five years.


Women on HRT have been

found to live on average three years longer than women not taking such therapy.



### Long-term benefits

The more significant benefits of HRT are concerned with the long-term adverse effects of



**THE COLLEGE OF  
PHARMACY PRACTICE**

THIS COURSE (MODULE 1104), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D NOVEMBER 14, PROVIDES ONE HOUR'S CONTINUING EDUCATION

### OBJECTIVES

- To be aware of the benefits of HRT on quality of life
- To recognise the long-term benefits of HRT
- To be aware of the relative risks of HRT to health
  - To understand the management strategies for different women
- To offer support to women on HRT

reduced oestrogen levels, which leads to loss of protection for women against coronary heart disease and osteoporosis. HRT may also help prevent strokes and Alzheimer's disease.

● **Coronary heart disease**  
Coronary heart disease is the major cause of death for women over the age of 45. In the UK it is responsible for 21 per cent of deaths of women over 45.

The use of HRT by these women together with a sensible diet and adequate exercise plays an important part in helping them to overcome this risk – studies

Continued on P11 →



estimate that HRT may reduce the incidence of coronary heart disease by 30 to 40 per cent.

It is also reported that women who have a premature menopause, whether natural or induced by oophorectomy (excision of ovaries), are twice as likely to suffer coronary heart disease.

#### ● Osteoporosis

Declining levels of oestrogen may result in many women developing osteoporosis in their later years. The NHS spends over £750m each year treating osteoporosis, and the National Osteoporosis Society suggests that one in three women in the UK is affected by the disease. The use of HRT postpones the rapid bone loss seen in the immediate postmenopausal period and reduces the rate of fractures by 50 to 60 per cent. Adequate exercise and a diet rich in calcium also helps to preserve healthy bones.

Women over 60 years who have not previously used HRT may still benefit from starting at this age. A recent study found that current users of HRT had significantly higher bone mineral density (BMD) levels than non-users, regardless of whether the HRT was started at the menopause or after the age of 60.

The new drug raloxifene, licensed to prevent osteoporosis, was introduced in Britain recently. It belongs to a class of drugs called selective oestrogen receptor modulators, previously called anti-oestrogens. They bind to the oestrogen receptor and have both agonistic and antagonistic actions in certain tissues, that is they mimic oestrogen in some tissues and block its effects in others. Early trial results have shown that the drug may rival HRT for some postmenopausal women as they have no adverse effects on the breasts or uterus.



### Risks of HRT

While the long-term benefits such as the reduced risk of

coronary heart disease or osteoporosis are recognised, it is widely acknowledged that there is a risk of thromboembolism and a possibility of the development of breast or endometrial cancer if the treatment is used for longer than five years.

When considering the risk of endometrial cancer in women with intact uteri using HRT, the use of a progestagen for at least ten to 40 days per month substantially reduces the risk of cancer, although this excess risk may not be completely eliminated in women taking HRT for longer than five years.

It is important to note that the

risk of breast or endometrial cancer is small among women using HRT for periods of up to five years compared to the risks of cardiovascular disease and osteoporosis – risk of hip fracture may be reduced by 50 per cent after five years on HRT. However, it is important for all women to discuss these aspects of HRT with their doctor before deciding to embark on the treatment.

Recent studies have also shown that, with the use of HRT, there is an increased risk of venous thromboembolism. It has been estimated that current use increases the risk by two to three times, but this risk is not obvious in women who have stopped using HRT. The greatest risk appears to be during the first year of treatment.

HRT should, therefore, be used with caution in women suffering from risk factors such as obesity, severe varicose veins, or a personal or family history of venous thromboembolism, and caution is advised in women suffering from migraine.

Certain women should avoid the use of HRT. These include:

- women with acute vascular disease (including embolus and thrombosis)
- women with impaired liver or kidney function
- women with a history of breast cancer or cancer of the reproductive tract
- women with any uninvestigated lumps in the breast or pelvis or with undiagnosed vaginal bleeding
- women who have had recent blood clots or previous clots related to oestrogen
- atherosclerosis – patients may suffer serious loss of hearing on HRT and enquiries should be made before and at intervals after initiating therapy.



### Management

Women who have made a considered decision that they want

to use HRT fall into two groups: those with a uterus and those who have had a hysterectomy.

#### ● Women with a uterus

The endometrium can be protected by the addition of progestagen in the treatment regimen for a minimum of ten days each month – or continuously. Women who are less than one year postmenopausal can take cyclical progestagen for ten to 14 days each month with continuous oestrogen. Problems with this sequential regimen include mastalgia, bloating, fluid retention and depression. However, compliance is not always good because of fear of cancer and a dislike of monthly bleeding, which occurs in 90 per cent of cases.

Recently an alternative regimen has been drawn up of oestradiol

valerate 2mg for 84 days with 20mg of medroxyprogesterone added for the last 14 days, which usually produces withdrawal bleeds every three months. This may be useful for those women who wish to have fewer withdrawal bleeds but who are not suitable for a continuous combined regimen.

The continuous/combined method of treatment evolved to improve patient compliance by avoiding a monthly withdrawal bleed is not suitable for women who are at least one year postmenopausal.

#### ● Women who have had a hysterectomy

Women who have had a hysterectomy are usually started on an unopposed oestrogen therapy.

The duration and the dose of treatment is important. Exogenous oestrogens may be delivered orally or parentally. Transdermal administration of an oestradiol patch of 50mcg twice a week is as effective as oral conjugated oestrogens on bone density.

There are some conditions that warrant a combined oestrogen/progestagen regimen in hysterectomised women. In women with a history of endometriosis a combined oestrogen/progestagen regimen is advised to prevent potential cancer development.

Hysterectomised women at high risk of osteoporosis also benefit from a combination of oestrogen and progestagen.



### Adverse effects

#### ● Dealing with adverse effects of oestrogen

Oestrogenic adverse effects such as breast tenderness or enlargement, leg cramps, bloating, nausea and headache may adversely affect compliance. These side effects are usually resolved within two to three months of starting the treatment. Alternatively, the oestrogen dose can be reduced or the method of administration altered. Sometimes changing the type of oestrogen administered or, in older women, starting the therapy with a low dose regimen and gradually increasing it to the required level, will help. Evening primrose oil capsules sometimes help to relieve breast symptoms or bloating.

#### ● Dealing with adverse effects of progestogen

Some of the adverse effects of progestagen treatment include breast tenderness, bloating, nausea and abdominal cramps. Other symptoms similar to those of premenstrual symptoms of younger women sometimes occur such as depression, anxiety and irritability.

These may be alleviated by taking the progestagen in divided

### Box 1: Factors predisposing to osteoporosis:

- a) premature menopause
- b) family history of osteoporosis
- c) Caucasian
- d) underweight
- e) sedentary lifestyle
- f) nulliparous
- g) cigarette smoking
- h) excessive alcohol consumption
- i) chronic use of corticosteroids
- j) thyroid disease
- k) low calcium/vitamin D intake



### HRT formulations

#### ● Patches

While oral oestrogen is the most commonly used form of HRT in the UK, many women prefer the patch regimen and it has become increasingly popular, although it is more expensive. The oestrogen is delivered through the skin at a constant rate and it is absorbed into the circulation. The patch must be changed once or twice weekly and many women find this method easier to comply with than a daily oral treatment.

Women using patches occasionally suffer skin irritation. This can be minimised by changing the patch site. Recently, newer matrix patches have been produced which appear to cause less irritation. These are available in a variety of strengths which release from 25 to 100mcg of oestradiol every 24 hours which gives some flexibility to the dose to be administered.

Progestagens are also available in a patch form and can be administered in sequential or a continuous method combined with the oestrogen patches.

#### ● Percutaneous oestrogen

Percutaneous oestrogen can be used by application of an alcohol based gel to the skin over the abdomen or thighs.

#### ● Local oestrogen

A variety of local oestrogen preparations are available for the relief of symptoms due to vaginal atrophy. Women using creams will require progestagen for ten to 14 days each month to provide endometrial protection. Some women prefer to use the format of a silicone ring impregnated with oestradiol delivering 7.5mcg per 24 hours and lasting for three months. This can be easily inserted and removed by the patient. It provides an improvement in vaginal dryness but there is no useful

Continued on P1V →



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Low withdrawal rate due to adverse events comparable to placebo in trials<sup>3</sup>

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Detrusitol™ is supplied in patient packs containing 56 tablets and a patient information leaflet. Detrusitol™ is available in two strengths - 2 mg and 1 mg tablets.

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Further information is available from Pharmacia & Upjohn.

Pharmacia & Upjohn  
Detrusitol™▼ Abbreviated Prescribing Information. Presentation: 2 mg tablet: white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters DT) containing tolterodine L-tartrate corresponding to 1.37 mg tolterodine. 1 mg tablet: white, round, biconvex, filmcoated tablet (engraved with arcs above and below the letters TO) containing tolterodine L-tartrate corresponding to 0.68 mg tolterodine. Indication: For the treatment of unstable bladder with symptoms of urgency, frequency or urge incontinence. Dosage: Adults: 2 mg bd except in patients with impaired liver function where 1 mg bd is recommended. The dose may be reduced to 1 mg bd if side-effects are severe. Review after 6 months. Children: Not recommended. Contraindications: Patients with uncontrolled narrow angle glaucoma, myasthenia gravis, known hypersensitivity to tolterodine or excipients, severe ulcerative colitis or toxic megacolon. Precautions & interactions: Use with caution in patients with significant bladder outlet obstruction at risk of urinary retention, intestinal obstructive disorders, renal disease, hepatic disease (see dosage), autonomic dysfunction or hiatus hernia. Organic reasons for urge and frequency should be considered before treatment. Concomitant treatment with potent CYP3A4 inhibitors, such as macrolide antibiotics (e.g. erythromycin) or antifungal agents (e.g. ketoconazole) should be avoided until further data are available. The ability to drive and use machines may be affected by visual accommodation disturbances. A more pronounced therapeutic effect and side-effects may be seen if used with other drugs that possess anticholinergic properties. Muscarinic cholinergic receptor agonists may reduce

the effect of tolterodine, whereas tolterodine may reduce the effect of metoclopramide and cisapride. Pharmacokinetic interactions are possible with other drugs metabolised by or inhibiting cytochrome P450 2D6 (CYP2D6), or CYP3A4. No interactions seen with warfarin or combined oral contraceptives (ethinyl estradiol/levonorgestrel). No clinically significant interaction with fluoxetine. Pregnancy & lactation: Until more information is available tolterodine should not be used during pregnancy or lactation. Women of fertile age should be using adequate contraception. Side-effects: Those reported include: common (>1/100) dry mouth, dyspepsia, constipation, abdominal pain, flatulence, vomiting, headache, xerophthalmia, dry skin, somnolence, nervousness and paresthesia; less common (<1/100) accommodation disturbance and chest pain; uncommon (1/1000) allergic reactions, urinary retention and confusion. Overdose: In the event of tolterodine overdose, treat with gastric lavage and give activated charcoal. Treat symptomatically. Legal category: POM Pack sizes: Detrusitol 2 mg and 1 mg in cartons of 56 containing 4 blister strips of 14 tablets each. N.H.S. Price: Detrusitol 2 mg (£56) £32.00, Detrusitol 1 mg (£56) £28.80. Marketing Authorisation numbers: Detrusitol 2 mg tablets PL 0032/0223, Detrusitol 1 mg tablets PL 0032/0222 Marketing Authorisation Holder: Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes MK5 8PH, UK Date of Preparation: February 1998. References: 1. Nilvebrant L et al. Eur J Pharmacol 1997; 327:195-207. 2. Malone-Lee JG et al. 27th Annual Meeting of the International Continence Society (ICS), 1997, Yokohama, Japan (Study 012). 3. Abrams P et al. 92nd Annual Meeting of the American Urological Association (AUA), 1997, New Orleans, USA (Study 008).



systemic absorption of the oestrogen.

Oestradiol vaginal tablets are also available, supplied with disposable applicators.

#### ● Oestradiol implants

Oestradiol implants are available in doses of 25, 50 and 100mg for subcutaneous administration twice yearly.

They are usually inserted into the subcutaneous fat of the lower abdominal wall or the buttock, and the procedure is carried out under a local anaesthetic.

In non-hysterectomised women progestagens are required for 14 days each month.

#### ● Oral formulations

The most popular method of using HRT is in oral tablet form. There are many variations of fixed dose oestrogen/progestagen preparations and these two hormones can be prescribed separately if the dose needs to be tailored to suit any individual requirement.

Oestrogens are described as 'natural' eg oestradiol, oestrial or conjugated equine oestrogens, or 'synthetic' eg mestranol. Generally the natural oestrogens are used for HRT.

Progestogens used in HRT are structurally related to either progesterone (eg medroxyprogesterone, dydrogesterone) or to testosterone (eg norgestrel, norethisterane).

Testosterone, like progestagens, is androgenic and may cause acne and greasy skin in some women.

The adverse effects of progestagens (see previous page) tend to be dose dependent so the lowest dose that confers endometrial protection should be used.

Tibolone is termed a gonadomimetic which combines oestrogenic and progestogenic activity with weak androgenic activity. It is suitable for women who are of least 12 months post the menopause. It does not stimulate the endometrium and therefore does not cause a monthly bleed. Tibolone relieves vasomotor symptoms and protects against osteoporosis but not against cardiovascular symptoms.

### Available combinations

#### ● Oral preparations for continuous combined HRT

Continuous daily oestrogen and progestogen products are claimed to have the advantage of not producing regular monthly bleeds. There are three products in this category:

- Premique (Wyeth)
- Kliofem (Novo Nordisk)
- Climessa (Novartis)



HRT can help women manage their life without menopausal symptoms

Recently a new lower dose continuous combined oestrogen/progestagen HRT treatment has been marketed, Kliavance (Novo Nordisk), which contains half the dose of Kliofem and is reported to have fewer side effects.

These products should only be used by women who are at least one year past the menopause. Irregular bleeding does sometimes occur in the early treatment phase. They offer short-term relief from menopausal symptoms, but the long-term benefits for the treatment of oestrogen deficiency – eg heart disease and osteoporosis – are as yet unclear. The risk of breast cancer is also unclear.

#### ● Oral preparations for sequential HRT using oestrogen with non-androgenic progestogens

The current evidence of longer term benefits to be achieved from using these is not yet conclusive. These products include:

- Tridestro (Orion Pharma) – three monthly withdrawal bleed
- Femoston (Solvay) – monthly bleed
- Premique Cycle (Wyeth) – monthly bleed
- Improvero (Pharmacia Upjohn) – monthly bleed

#### ● Other sequential combined therapy preparations

These include:

- Climogest (Novartis) – monthly bleed
- Cyclo pragynova (ASTA Medica) – monthly bleed
- Elleste Duet (Searle) – monthly bleed
- Menophase (Searle) – monthly bleed
- Nuvelle (Schering) – monthly bleed
- Prempok C (Wyeth) monthly bleed
- Trisequens (Novo Nordisk) – monthly bleed

#### ● Unopposed oestrogen preparations

These are for women who have had a hysterectomy and preparations include:

- Climaval (Novartis)
- Elleste Solo (Searle)
- Hormogen (Pharmacia Upjohn)
- Hormonin (Shire)
- Premarin (Wyeth)
- Pragynova (Schering)
- Zumenon (Solvay)

#### ● Gonadomimetic preparation

- Liviol (Orgonon) – no bleed

#### ● Progesterone preparations

- Adjunct to oestrogen in HRT
- Duphaston-HRT (Solvay)
- Micronor-HRT (Janssen-Cilag)
- Cyclogest pessary (Shire)
- Provero (Pharmacia & Upjohn)
- Noriday (Searle)
- Neogest (Schering)

#### ● Transdermal matrix patches:

- Estraderm MX\* (Ciba),

**Box 2: Women who could benefit from the use of HRT**  
a) Those who have had a hysterectomy, including removal of the ovaries, before the natural menopause  
b) Those at risk of ischaemic heart disease  
c) Those who have already shown signs of having fragile bones eg having broken a bone after only a minor fall while in their 40s or 50s

Fematrix\* (Solvay), FemSeven\* (Merck), Menarest\* (Rhône-Paulenc Rarer), Pragynova TS\* (Schering)

(\*oestrogen only for women who have had a hysterectomy)

– Nuvelle TS (Schering) – contains oestrogen plus a progestagen.

#### ● Transdermal reservoir patches

– Estracambi and Estrapak (Novartis), Evorel-Pak (Janssen-Cilag), Femapak (Solvay) all containing oestrogen plus a progestagen

– Estraderm MX (Novartis), Evorel (Janssen-Cilag), Fematrix (Solvay), containing oestrogen only.

#### ● Topical Gel

– Oestrigel (Haechst Marian Ruessel) – oestrogen only.



### Support

All women should be encouraged to discuss the benefits of HRT with

their doctor, pharmacist or other health adviser at this important time of their life.

Records show that the main users of HRT are women from the higher socio-economic groups, who are usually in good health – probably because they are most able to objectively discuss HRT with health professionals.

All women who are on HRT should have an annual blood pressure check and pelvic examination together with opportunistic cervical cytology and urinalysis as appropriate.

It is also important for them to be encouraged to have breast screening carried out at suitable intervals.

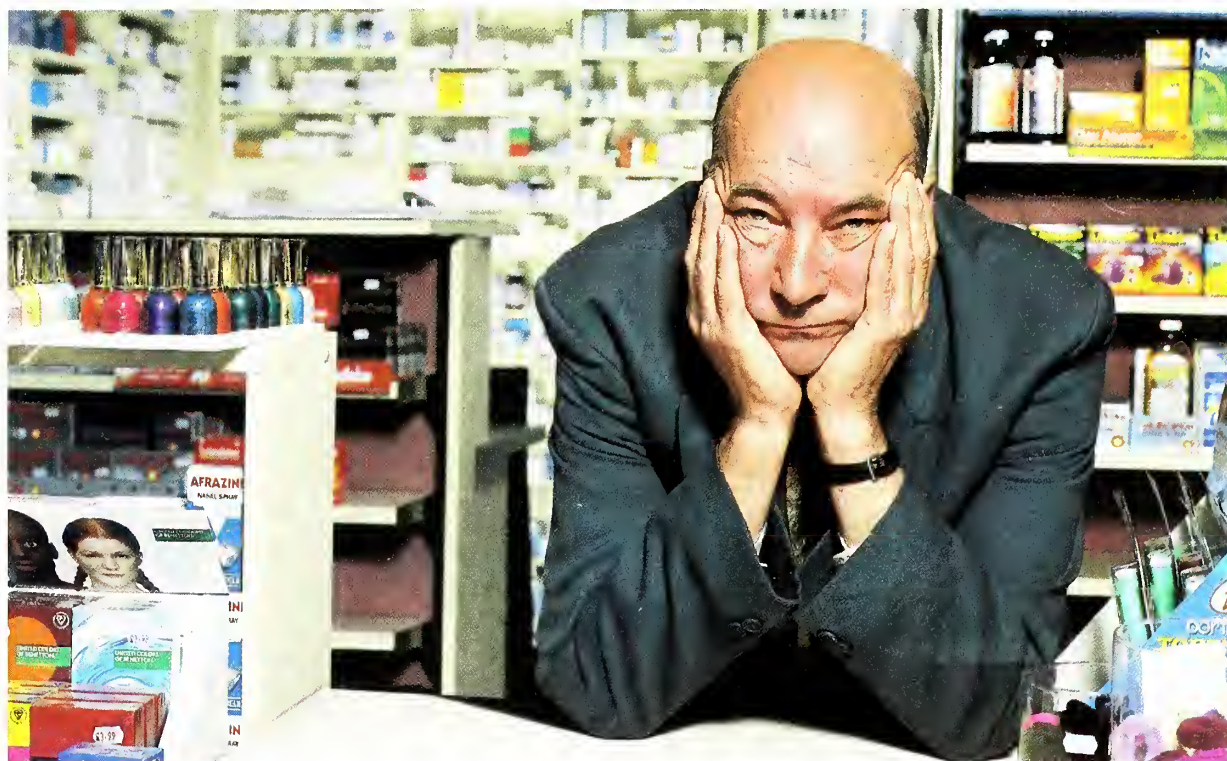
C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

### ACTION PLAN

1. In your practice workbook devise a table to show the pros and cons of hormone replacement therapy
2. List HRT products suitable for women with a uterus. What are the advantages and disadvantages of each (list the same types together)?
3. Who do you consider not suitable for HRT?



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# The infection connection

*Staphylococcus aureus* is emerging as a major culprit in eczema. As National Eczema Week (September 26-October 3) falls upon us again, London GP and tutor **Dr Gouri Dhillon** re-examines the management of the condition

**E**czema is estimated to affect around one in ten of the population<sup>1</sup>, and is the most prevalent skin condition seen in general practice. The most common forms are atopic and contact eczema.

Atopic eczema is predominately a problem in children, particularly the under four-year-old population. Contact eczema appears to peak in the 16-24-year-old population, but remains common even in advanced age. There is increasing evidence that *Staphylococcus aureus* is a major trigger factor in both these forms of eczema, underlying the failure to respond to treatment and creating a vicious circle which perpetuates exacerbations. This article aims to update readers about the latest evidence for its role in the pathophysiology of eczema and considers how best infection can be managed.



## Staphylococcus aureus infection

*S aureus* infection has been thought to be involved in the exacerbation of eczema for some time. It can be found on the skin of 84-100 per cent of patients with the disease, even where there are no obvious signs of infection<sup>2</sup>. In contrast, it is rarely isolated on normal healthy skin.



US researchers have recently shown that most strains of *S aureus* can produce superantigens<sup>3</sup>. These are potent stimulators of the immune system which share properties with antigens, but have additional features which can stimulate lymphocytes at low concentrations without the need for prior antigen processing, causing massive cytokine release. A vicious circle can ensue in which *S aureus* acts as a trigger factor leading to the production of superantigens which cause further inflammation.

This results in eczematous lesions, which provide an even better environment for the growth of *S aureus*. This theory is supported by studies investigating the outcome of administering superantigens to skin. Danish researchers applied superantigens to atopic skin in six people and

three developed a localised flare-up of atopic eczema lasting six to eight weeks<sup>4</sup>.

Moreover, latest research suggests that untreated secondary infection of atopic eczema is the major cause of referral for hospital treatment<sup>5</sup>. Dr Tany Chu, a dermatologist at the Hammersmith Hospital in London, audited all new atopic eczema referrals over a two month period. Of the 30 patients referred, 18 were children with a mean age of 6.5 years. In all but one patient the stated reason for referral was failure to respond to treatment. Only one patient was treated with a topical steroid-antibiotic combination, yet on examination, 28 of the 30 patients had clinical evidence of infection. Swabs were taken from active areas of eczema and *S aureus* grew from 27 of these cases. The remaining three



## THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1105), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* NOVEMBER 14, PROVIDES ONE HOUR'S CONTINUING EDUCATION

## OBJECTIVES

- To be aware of the role of infection in eczema
- To recognise *Staphylococcus aureus* infection of skin
- To be aware of measures that can be taken to reduce infection
  - To understand the management of infection in eczema
- To be aware of prophylaxis

individuals harboured mixed skin commensals.

The results are clear indicators that while infection secondary to eczema is the main reason for referral of atopic eczema and failure to respond to treatment, it is not readily identified by GPs and rarely treated. Appropriate treatment in the community would not only significantly reduce referrals, but have a major impact on patients' quality of life.



## Reducing the risk of infection

Prevention of infection through appropriate management of atopic eczema is clearly the first concern, but patients/parents need to be educated on the intensive and time-consuming efforts required on their part.

There is a wide choice of emollients, available in creams, ointments, lotions and medicinal bath oils to keep the skin hydrated. First choice is probably aqueous cream. Some emollients contain lanolin and this can make eczema worse if a child has a lanolin allergy. Adding urea as a hydrating cream to emollients is often beneficial, although some children complain it stings. It is important to advise parents that emollients should be applied liberally and repeatedly to dry skin, particularly after bathing. Even patients prescribed emollients can often fail to understand the importance of emolliation. The use of a dispenser is an effective way of ensuring the cream does not become a source of bacterial infection.

*Continued on PVIII →*



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**Indicated Prescribing Information.** Presentation: Frusol 20mg/5ml, 40mg/5ml and 50mg/5ml are presented as oral solutions containing 20mg, 40mg and 50mg/5ml Furosemide (Frusol) Ph Eur respectively. **Therapeutic Indications:** Frusol is indicated in all conditions requiring prompt diuresis, including cardiac, pulmonary, hepatic and renal oedema, peripheral oedema due to mechanical obstruction or venous insufficiency and hypertension. It is also indicated for the management of mild oedema of any origin. **Posology and Method of Administration:** These solutions should only be taken orally. The medication should be administered in the morning to avoid nocturnal diuresis. **Adults:** The initial daily dose is 40mg. This may be adjusted until an effective dose is achieved. **Children:** 1 to 3mg/Kg body weight daily up to a maximum total dose of 40mg/day. **Elderly:** In the elderly, furosemide is generally eliminated more slowly and dosage should be titrated until the required response is achieved. **Contra-indications:** Frusol is contra-indicated in pre-comatose states associated with liver cirrhosis, anuria and electrolyte deficiency. Contra-indicated in hypersensitivity to furosemide, sulphonamides or any of the excipients listed. **Precautions & Interactions:** Patients with prostatic hypertrophy or impairment of micturition have an increased risk of developing acute retention. Caution is required in patients with electrolyte deficiency. Where indicated, steps should be taken to correct hypotension or hypovolaemia before commencing therapy. Latent diabetes may become manifest or the insulin requirements of diabetic patients may increase. Toxic effects of nephrotoxic antibiotics may be increased by concomitant administration of potent diuretics e.g. furosemide. Serum lithium levels may be increased when furosemide is given with lithium and therefore lithium levels should be monitored and adjusted when necessary. A marked fall in blood pressure may occur when furosemide is given with ACE inhibitors. The furosemide dose should be reduced or stopped before commencing the ACE inhibitor therapy. If cardiac glycosides or anti-hypertensives are concurrently administered with furosemide their dosages may require adjustment. Certain non-steroidal anti-inflammatory agents (e.g. indomethacin, acetylsalicylic acid) may attenuate the effect of furosemide and may cause renal failure in cases of pre-existing hypovolaemia. Furosemide may sometimes attenuate the effects of other drugs (e.g. antidiabetics and pressor amines) or it may potentiate effects of other drugs (e.g. theophylline, lithium and curariform muscle relaxants). Interactions have been reported with ototoxic antibiotics. In cases of concomitant glucocorticoid therapy or abuse of laxatives, the risk of an increased potassium loss should be considered. **Pregnancy & Lactation:** Results of animal testing show no hazardous effect of furosemide in pregnancy and there is evidence of clinical safety of furosemide in the third trimester. It is advisable, however, that Frusol should only be used in pregnancy if strictly indicated and for short term treatment. Furosemide may inhibit lactation and may pass into breast milk and therefore it should be used with caution in nursing mothers. **Effects on Ability to Drive and Use Machinery:** Mental alertness may be reduced and the ability to drive or operate machinery may be impaired. **Undesirable Effects:** The side effects are generally minor and Frusol is well tolerated. **General:** Nausea, malaise, gastric upset, dizziness, theophylline, lithium and curariform muscle relaxants. **Toxicological:** Electrolytes and water balance may be disturbed as a result of diuresis after prolonged therapy. This may cause symptoms such as headache, hypotension or muscle cramps. A transient rise in creatinine levels and urea has also been reported with furosemide. Serum cholesterol and triglyceride levels may rise during furosemide treatment. During long term therapy they will usually return to normal within six months. Bone marrow depression has been reported as a rare complication and necessitates withdrawal of treatment. Pre-existing metabolic alkalosis (e.g. in decompensated cirrhosis of the liver) may be aggravated by furosemide therapy. **Organ Specific:** Serum calcium levels may be reduced; in very rare cases tetany has been observed. Nephrocalcinosis has been reported in premature infants. As with other sulphonamide-based diuretics, furosemide may bring about hyperuricaemia and, in rare cases, clinical gout may be precipitated. Isolated cases of acute pancreatitis have been reported after long term diuretic therapy. Disorders of hearing after furosemide are rare and in most cases reversible. **Allergic:** The reports of allergic reactions such as urticaria, photosensitivity, vasculitis or interstitial nephritis are low, but if they do occur the Frusol treatment should be stopped. **Overdose:** Overdosing may lead to dehydration and electrolyte depletion through excessive diuresis. Treatment consists of fluid replacement and electrolyte imbalance correction. **Pack Size:** 150ml in amber type III glass bottles. **Legal category:** POM. **SHS Price:** 20mg/5ml £13.45, 40mg/5ml £17.35, and 50mg/5ml £18.75. **Marketing Authorisation Numbers:** Frusol 20mg/5ml - 00427/0109, Frusol 40mg/5ml - 00427/0110, Frusol 50mg/5ml - 00427/0111. Marketing Authorisation Holder: Rosemont Pharmaceuticals Ltd, Yorkdale Industrial Park, Braithwaite Street, LS11 9XE, UK. **Date of Preparation:** August 1998



Topical corticosteroids are often necessary and there remains a great deal of anxiety about their possible side effects. It is important that parents understand that steroids come in different potencies and side effects are related to their potency, the amount used and site of application: 1 per cent hydrocortisone is usually completely safe and side effects rare with mild to moderate corticosteroids. Note that there has been a recent study which showed that allergies to hydrocortisone can occur.

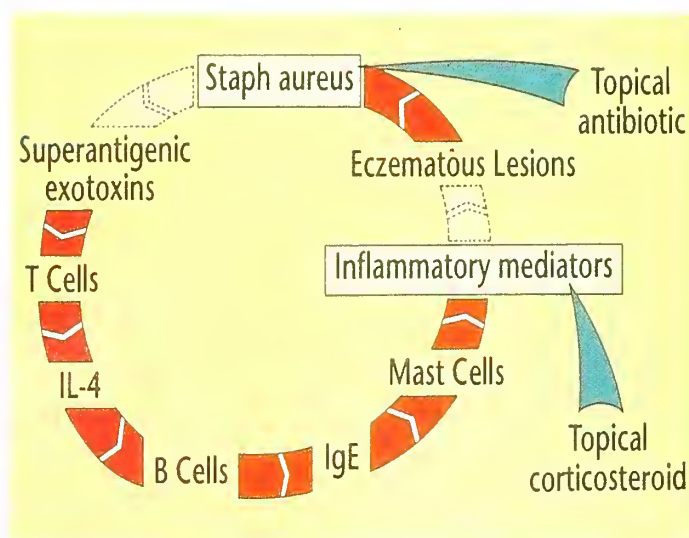
Controlling itch is a particularly pressing problem. It is not only one of the worst aspects of the condition, but the resultant scratching can damage skin, almost guaranteeing infection. Itch can be soothed by the application of an emollient or the use of a hydrating bath oil. Overheating is a common trigger of itching and advice on wearing cotton clothing is important as is keeping the bedroom temperature cool and sufficiently humid.

Contact with the house dust mite in bed at night can often contribute to itch during sleep and can be reduced by encasing bedding in anti-allergy covers. Taping cotton mittens or socks to night clothes in young children to prevent scratch can also help. Antihistamines reduce itch and the sedative kinds are particularly beneficial. They should only be used for short periods.



### Recognising infection and treatment

The signs of bacterial infection of eczema lesions are not always obvious and are often mistaken for signs of eczema itself, which means a high index of clinical suspicion of infection is needed in everyone involved in its management. Mild infection can cause relatively subtle changes such as increased redness, and infection can be less visually obvious in patients with Asian rather than Caucasian skin. However, weeping and crusting are obvious signs. As soon as the barrier at the skin has been broken



infection is always present. The possibility of infection should always be considered when patients have failed to respond to treatment.

Some data suggests that the superantigens produced by *S aureus* down regulate steroid receptors in the skin, which can mean that patients with mild infection do not respond to steroids as well as uninfected patients. Certainly if increasing the potency of the corticosteroid fails, it is important to consider the possibility of bacterial infection.

Topical agents are well tolerated and preferred by many patients and carers. However, the agent must be chosen carefully for high activity against staphylococcus, but with a low potential for sensitivity. Cosmetic acceptability is also an important factor.

Steroid-antibiotic combinations are particularly useful: antibiotic treatment will break the cycle by eliminating *S aureus* from the skin and stopping the release of superantigens, while the corticosteroid component will act independently to control inflammation. In order to avoid using strong steroids, an antibiotic can be added to hydrocortisone before raising the steroid potency.

Tetracyclines and aminoglycosides are broad spectrum antibiotics which are sometimes used topically, although use of the latter over large areas can increase the risk of ototoxicity and nephrotoxicity. Care

must be exercised in children and the elderly. Mupirocin is only available as a topical preparation which means the risk of cross resistance and hypersensitivity is reduced. Some strains of *S aureus* with low levels of resistance to mupirocin are emerging. It should not be used for long than ten days to avoid resistance, and should not be used in hospital if possible.

Fusidic acid is active against common pathogens, has a low level of bacterial resistance and seldom results in hypersensitivity. Research published last year in *The Lancet* showed that resistance to fusidic acid by isolates of *S aureus* from blood or cerebrospinal fluid has remained low and very stable between 1989 and 1995<sup>6</sup>. Fusidic acid also comes in combination preparations containing either hydrocortisone or betamethasone and is cosmetically acceptable to patients.

One study investigating the treatment of atopic eczema with fusidic acid and hydrocortisone found the combination to be more effective than either of its components alone in patients with pathogens<sup>7</sup>.

### Contact eczema

The primary consideration in managing contact dermatitis is to identify the cause which often requires specialist referral. This form of eczema may also be heavily colonised with *S aureus* and again infection will respond to topical antibiotics. Treatment is

particularly crucial as there are important public health issues for both food handlers and healthcare workers. Infection in the former can cause food poisoning and in healthcare workers there is the risk of cross infection of hospital patients which can be further compounded by methicillin-resistant *S aureus* strains (MRSA). It is important to use antibiotics that are both anti-staphylococcal and carry a low risk of sensitisation.

Neomycin has been shown to be a common sensitizer in one study<sup>8</sup>. Combination products of fusidic acid and hydrocortisone or betamethasone have also been shown to be effective in contact eczema.

### Prophylaxis

Topical antibacterial agents can also be used prophylactically where necessary, although continued use of topical antibiotics may increase the risk of inducing drug resistance. Dr Chu reports rotating the use of a topical antibacterial and steroid combination (eg for four weeks) with a topical steroid alone (eg for two weeks) with good results.



### Pharmacy role

*S aureus* is a major trigger factor in atopic eczema, and common

in contact eczema. However, it often goes unrecognised and is a major reason for failure to respond to treatment. Infection can be subtle and it is important for everyone involved in the management of such patients to have a high index of clinical suspicion. Appropriate treatment can reduce flare-ups and the need to raise the potency of corticosteroid treatment, as well as reducing referrals.

Pharmacists also have an important role to play in educating patients both in terms of prevention of infection and ensuring they are aware of the role infection can play in the pathogenesis of the condition and the need for treatment.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

References available on request.

## PHARMACY update distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 14

issue, which will cover this week's CPP-accredited modules, together with those in the October 17 issue. The MCQ paper for the September modules will be enclosed in next week's C&D covering:

- Polycystic ovarian syndrome (1101)

- Taxoplasmosis (1102)

- Menopause (1103).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply).

A telephone marking service offers independent verification of results – details

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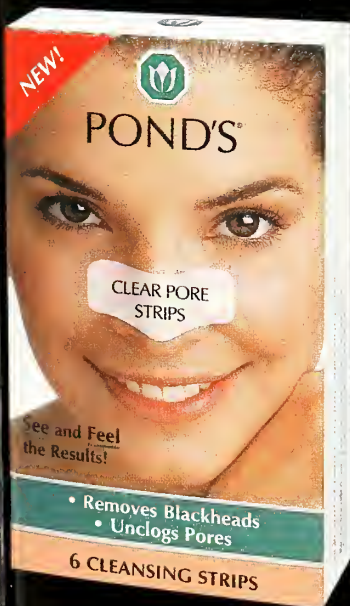


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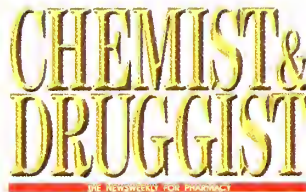


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# VITAMINS



THIS WEEK IN CHEMIST & DRUGGIST YOU WILL FIND THE FIRST VITAMINS ELEMENT OF THE ROCHE CONSUMER HEALTH / CHEMIST & DRUGGIST PHARMACY ACCREDITATION PROGRAMME ON VITAMINS, MINERALS AND SUPPLEMENTS. BY COMPLETING THIS MODULE, YOU WILL ENSURE THAT YOU PROVIDE GOOD ADVICE ON VITAMINS AND YOUR ACCREDITATION CERTIFICATE, AWARDED AFTER SUCCESSFUL COMPLETION OF BOTH ELEMENTS (MINERALS AND SUPPLEMENTS IN JANUARY 1999), WILL HELP PROMOTE THIS VALUABLE SERVICE TO YOUR CUSTOMERS. THIS PHARMACIST BRIEFING PROVIDES AN OVERVIEW OF THE FIRST PART OF THE PROGRAMME AND HOW TO GAIN ACCREDITATION. ROCHE AND C&D WILL DELIVER TWO FURTHER OTC MODULES IN 1999. EACH WILL HAVE THEIR OWN CERTIFICATE AWARDED AFTER SUCCESSFUL COMPLETION OF THEIR QUESTIONNAIRES USING YOUR 'VMS' PIN NUMBER.

## WATER-SOLUBLE VITAMINS

There are eight members of the vitamin B group. These are available as separate supplements, but are often combined in supplements known as B-complex vitamins. Although their roles differ, all of the B vitamins act as co-factors in enzyme reactions. Deficiency of most B vitamins is relatively uncommon as a result of improved diet and the fortification of breads and cereals with these vitamins. However, those on a low income, the elderly, alcoholics, vegetarians and vegans may benefit from supplements. Vitamin C has a variety of functions including antioxidant activity, wound healing, immunity and the formation of red blood cells. A wide range of supplements is available and these may be beneficial for those recovering from burns, people with impaired immunity, athletes and smokers.

There are 13 vitamins with European RDAs, classified into two groups: water-soluble and fat-soluble. Water-soluble vitamins include the vitamin B group and vitamin C. These need to be replenished on a daily basis as there is little storage in the body. In contrast, the fat-soluble vitamins (vitamins A, D, E and K) can be stored and are toxic in high quantities.

## FAT-SOLUBLE VITAMINS

Vitamin A is needed for healthy skin and mucous membranes and for good vision. Deficiency is rare in adults in the UK but about one-third of children appear to have a poor intake. Vitamin supplements are available for children aged 6 months to 5 years whose intake is likely to be poor. Vitamin D is needed for the maintenance of healthy bones and teeth and for muscle and nerve function. Deficiency can contribute to bone malformation in children and osteoporosis in adults. Vitamin D is rarely available as a single supplement but is more usually found in combination with calcium or in multivitamin preparations. Vitamin E is an antioxidant and is needed to maintain a healthy immune system. Deficiency occurs only in premature infants and is rare in adults, occurring only in those who have a defect in fat absorption. Single ingredient supplements are available in natural and synthetic forms. Vitamin K is needed during blood clotting and for the maintenance of healthy bones. Deficiency is rare but may occur in newborn babies and may be induced by long-term treatment with antibiotics.

### APPLYING FOR ACCREDITATION

To enter for accreditation, study the module and complete the questions included at the end. The module should satisfy the training needs of both Pharmacists and Pharmacy Assistants, provided Assistants are supported in their learning by their supervising Pharmacist. For Pharmacists, the Vitamins module delivers 2 hours of postgraduate education towards the College of Pharmacy Practice's continuing education requirement. Pharmacists should co-ordinate with the Pharmacy Assistant as they work through the module, providing them with any assistance they may need. When the questions have been completed, phone through your answers using a touch tone phone and the PIN issued to you on registration. A certificate will be awarded on completion of this module and the second, on minerals and supplements, which will be delivered with C&D early in 1999.

Your PIN gains you free access to C&D's marking system, which is underwritten by Roche Consumer Health (see registration form opposite or contact your local Roche representative or the company direct on 01707 366993 for additional copies of the learning module. Your results will be made available to Roche.

Please note that calls are charged at the standard national call rates, NOT premium rates. Keep a copy of your answers on the log included in the module. You may wish to pencil in your answers first.

### REGISTRATION FORM

Pharmacist's name .....

RPSGB or PSNI registration number .....

Assistant's name .....

Pharmacy name and address .....

Post Code .....

Tel no .....

Fax no .....

Send this form to:

Sue Cheeseman, Pharmacy Group Editorial Projects,  
Miller Freeman plc, Tonbridge, Kent TN9 1RW



Three pharmacists have won a total of £5,000 to develop new services in the community. They received their prizes last week as winners of the Glaxo Wellcome *Chemist & Druggist* Community Pharmacy Award 1998 – From Practice to People

# Practise makes perfect



The judging panel (l-r) included Graeme Millar, chairman of the Scottish Executive of the Royal Pharmaceutical Society; Dr Maureen Devlin of the National Primary Care R&D Centre; Georgina Craig, head of professional development at the National Pharmaceutical Association; and Department of Health chief pharmacist Bryan Hartley



Michael Bailey, director of corporate affairs at Glaxo Wellcome and chairman of the ABPI, presented the three Award winners with a cheque for £1,500 to help fund their project



'From Practice to People' Award winner Marion Walker receives her prize from Michael Bailey of Glaxo Wellcome (right) and *C&D* editor Patrick Grice. Mrs Walker is a locum pharmacist and co-ordinator of the Berkshire needle and syringe exchange scheme

GlaxoWellcome

CHEMIST &  
DRUGGIST

**T**his year's winners of the Glaxo Wellcome *C&D* Practice to People Award will help target a needle exchange scheme towards women, train

doctors to write prescriptions correctly and set up a seamless care plan for patients leaving hospital.

The overall winner, Marion Walker, will progress a pharmacy needle and syringe exchange scheme she has been running in Berkshire since 1993. Based in Wokingham, she does occasional locums and contracts independently with Berkshire Health Authority to co-ordinate the scheme.

During the financial year 1997-98, injecting drug misusers paid 6,222 visits to the 27 pharmacies taking part and 167,540 syringes were issued. The total cost was £78,900.

Marion now hopes to focus more on women, as the number of female injectors is on the increase and she feels they could be better served if more resources were available. Her plans encourage collaboration between pharmacists, maternity services, drug misuse services and the health authority. A leaflet for distribution in needle exchange packs will target women who might be pregnant, and a resource pack for pharmacists will deal with aspects relevant to female drug misusers.

The judges rated her proposal highly for its viability and for its innovative approach in targeting a group that could be served more effectively.

In November, Marion also hopes to co-ordinate a four-way methadone management pilot in which patients agree to a care module with "managed communication" between pharmacists, GPs and the drug advisory team.

"It will be a way in which everyone can be in touch to sort out problems as soon as they arise," she says.

## Prescription writing

Narrowly missing first prize was John Williams, proprietor of the Llanharry Pharmacy, Llanharry, near Cardiff. He put forward a proposal to educate trainee GPs to write prescriptions according to the BNF recommendations.

"Doctors have very little training, if any, in prescription writing," he says. The scheme would save pharmacists' time, reduce delays for patients and improve their confidence in the doc-

Continued on P28 →



Senokot  
Information

**Active Ingredients:** Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of Syrup contains standardised senna extract equivalent to 5mg total sennosides. Each 5ml (7.3g) spoonful of chocolate granules contains standardised senna equivalent to 15mg total sennosides. **Indications:** Relief of constipation. **Dosage Instructions:** Adults and children over 12 - Two Tablets 24 hours, or Two 5ml spoonfuls of Syrup, or a level 1ml spoonful of Granules, taken at night; Children 6-12 - One 1ml spoonful of Syrup, taken in the morning. Tablets and granules to be taken only on a doctor's advice. Children under 6 - Syrup to be taken only on a doctor's advice. Tablets and granules not recommended.

**Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and**

**Warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific. Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage.

**Retail Sale Price:** Tablets: 20 tablets - £1.75, 60 Tablets - £9.99, 100 Tablets - £4.79. Syrup 100ml - £3.05. Granules 100g - £4.49. **Marketing**

**Authorisations:** Senokot Tablets 0063/5000R, Senokot Syrup 0063/5003R, Senokot Granules 0063/5002R. **Supply**

**Classification:** Through registered pharmacies only. **Holder of Marketing**

**Authorisations:** Reckitt & Coleman Products Limited, Hanson Lane, Hull HU8 7DS.

**Date of Preparation:** August 1998. Senokot and the sword circle symbol are

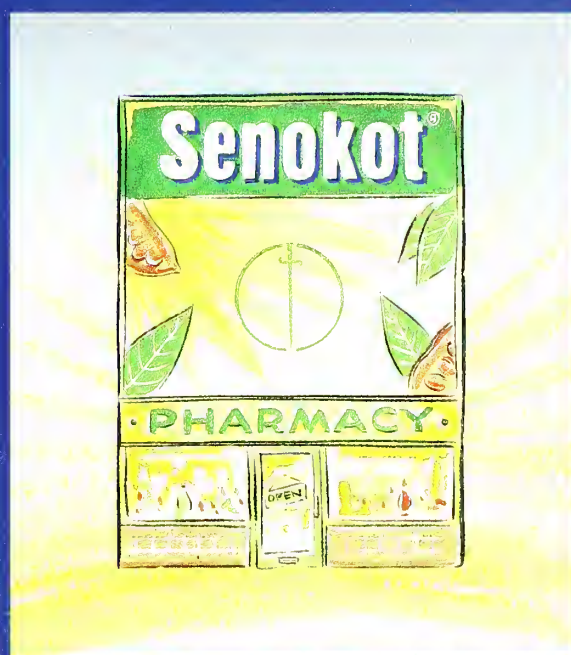
Registered Marks. Reference: 1-191, 1 July 1998.

Reckitt & Coleman Products Limited

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→ Continued from P26



C&D editor Patrick Grice thanked Glaxo Wellcome for their generous support. The company recognised the importance of supporting initiatives such as those put forward by the award winners, which gave direction and inspiration to other community pharmacists, he said

tor It would also lead to fewer problems for the Prescription Pricing Authority.

He has already embarked on the project, which involves writing a training manual, as part of a Master's degree in community pharmacy he is doing by distance learning at Derby University. He will analyse the doctors' prescriptions to check compliance with the BNF recommendations, discuss any problems face to face, then carry out a later audit to see if there have been any improvements.

The judges felt this was an excellent way to build inter-professional relationships and address what could be an adversarial problem in a non-adversarial way.

The third winners were no strangers to Practice to People, having won the last award in 1996. Pharmacist Mahua Das and her husband Ash Pandya, from Health First pharmacy in east London, put forward a proposal to develop seamless care for patients discharged from hospital.

"A local GP felt many patients were defaulting on their medication after leaving hospital because they weren't sure how long they should take their medicines - or even what the medicines were for - and when they needed to go back to the GP," says Ash. "Some patients were being re-admitted to hospital as a result."

Mahua will enter medication details on the surgery system, dispense appropriate quantities and make sure the patient knows how to take them. If the



C&D's contributing editor Adrienne de Mont (right) discovered that she and award winner Marion Walker were old acquaintances

patient fails to collect a repeat supply she will telephone to see if further advice or a medication review is needed.

She and Ash believe that employing a pharmacist for four to six hours a week will improve patient compliance and save the surgery staff time by resolving problems at the outset.

They have already started assessing 'TTAs' at a local surgery and hope to run a three-month trial in which 50 patients receiving the service are compared with 50 others who have no additional pharmacy input.

The judges liked the way their plan encouraged collaboration with GPs and patients, and could be easily transferred to other practice settings.

## 'Quality, not costs'

Presenting the awards at the Hyatt Carlton Tower in London last week,

Michael Bailey, Glaxo Wellcome's director of corporate affairs, congratulated the winners for coming up with practical and innovative projects that would help to expand the pharmacist's role.

**"Anyone concerned about the future role of pharmacy should take heart from the examples of these colleagues"**

"We all recognise the vital role played by pharmacists in primary healthcare, and how important it is for patients and the NHS to make the most of their expertise," he said. "But, a word of warning. In your understandable desire to enhance the contribution of pharmacy, make

sure that contribution is positive. I believe, and the Government states, that the NHS should be delivering quality and equality for patients. But all too often the debate deteriorates into one of cost-containment. And that's why it's so important that everybody in the NHS, including pharmacists, concentrates on delivering improved



Mahua Das and Ash Pandya, owners of Health First in Lea Bridge Road, London E17, were making a reappearance at the 'From Practice to People' Awards, having also been winners in 1996



Award winner John Williams, a community pharmacist from Llanharry, Mid-Glamorgan, flanked by C&D editor Patrick Grice (left) and Glaxo Wellcome's Michael Bailey





**Chief pharmacist Bryan Hartley discusses the merits of the entries at the judging, which took place in July**

treatment and better outcomes rather than, perhaps unwittingly, becoming a barrier or a restraint preventing access to the best that is available."

### The award

The Glaxo Wellcome *C&D* Practice to People Award was launched in 1994 to reward excellence in pharmacy. The 1998 award was the third.

Patrick Grice, *C&D* editor and non-voting chairman of the judges, explained how this year's format had changed: "Instead of asking pharmacists to tell us about the successful projects they have undertaken, we asked them to present to us a bid for a service they would like to provide, be it to patients, local GPs or to a health authority or its agencies. We recognised that this was perhaps a greater challenge, but in line with the way pharmacists are developing their involvement in primary care."

The service had to be innovative and ultimately self-financing, either through health authority funding or by charging users for the service. And the proposal had to support one or more of the five objectives set out in the Royal Pharmaceutical Society's PIANA document 'Building the future'.

Thanking Glaxo Wellcome for making the awards possible, *C&D*'s associate publisher John Skelton said the ideas put forward should stimulate other pharmacists to deliver projects that matched the spirit and objective of the Society's 'Over to you' phase.

### The judges

The judges were Georgina Craig, head of professional development, National Pharmaceutical Association; Dr Maureen Devlin, NHS partnership manager, Glaxo Wellcome, currently working with the National Primary Care R&D Centre, Manchester; Bryan



**Glaxo representative Sharon King in conversation with *C&D*'s publishing director Roger Murphy and Graeme Millar, chairman of the Scottish executive of the RPSGB**

Hartley, Department of Health chief pharmacist; and Graeme Millar, chairman of the Society's Scottish Executive.

Bryan Hartley congratulated the winners "for their initiative and enterprise and the example they set in providing for the needs of prescribers, patients and carers in a modern NHS".

Graeme Millar commented: "If all the three winners' projects were mirrored in many other pharmacies, it would go a long way towards pharmacy becoming an integral part of the primary care team."

Maureen Devlin said: "Anyone who is concerned about the future role of community pharmacy within emerging primary care groups should take heart from the examples of these colleagues who are leading the way."

Georgina Craig thought there had been a good cross section of ideas, many of which would result in integrating community pharmacists into the primary care team. The ideas would be useful to the NPA in deciding how it could help members collaborate with GPs.

# DENTAL PAIN

## TABLETS

PARACETAMOL  DIHYDROCODEINE

## PARAMOL

**POWERFUL PAIN RELIEF YOU CAN CONFIDENTLY RECOMMEND FOR MIGRAINE, BACK PAIN, PERIOD PAIN, DENTAL PAIN, HEADACHE AND FEVER.**

**Abbreviated Product Information. Presentation:** White tablet engraved PARAMOL, containing 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-epileptic. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. **Further information is available on request from the Licence Holder.**

 **Seton Healthcare Group plc**



# Managing midlife naturally



**T**he transition through mid-life brings many changes and women often feel out of sorts.

Many women choose to use natural methods to support their good health at this time. A balanced diet and healthy lifestyle is important, and women may also choose to complement their diet with a range of natural supplements.

Novogen Redclover food supplement offers women a new,

totally natural dietary supplement that is especially formulated to help women manage midlife naturally.

Novogen Redclover food supplement provides the optimal daily level of isoflavone phytoestrogens for women over 45 years.

Novogen Redclover tablets have been extensively studied in Australia, New Zealand and the USA. Isoflavones are now thought to be important

nutrients in helping to maintain good health. Studies in over 600 women indicate that Novogen Redclover helps maintain well-being and lifestyle and helps women manage midlife naturally.

More than 90% of volunteers in three studies chose to continue taking Novogen Redclover as part of their healthy diet and lifestyle.

## So what are isoflavones?

Isoflavones are now thought to be valuable nutrients provided by the diet. Population studies suggest that Eastern, Mediterranean and Latin American women who consume more than 30mg of isoflavones each day, maintain good health and well-being during and after midlife when compared to typical 'Western' women.

Isoflavones, the most potent type of phytoestrogens, are only found in legumes such as red clover, lentils, chick peas, soya and many other beans. These foods are rarely consumed in 'western' diets in sufficient quantities to provide the levels of isoflavones suggested by nutritional research to be optimal, and particularly thought to be beneficial to women over 45 years in the management of mid-life.

Women in the UK generally consume a diet particularly low in isoflavones that provides less than 3 mg of isoflavones daily.

## Novogen Redclover food supplement

Novogen Redclover food supplement has been developed by internationally respected research scientists.

Each Novogen Redclover food supplement tablet provides the same amount and proportion of isoflavones as would be obtained each day in a typical legume based vegetarian diet.

There are four main dietary isoflavones that have now been

demonstrated to have complementary effects. It is for this reason that scientists believe that a healthy, balanced diet should contain all four isoflavones.

Red clover contains the four important and complementary dietary isoflavones that are present in typical diets of Eastern, Latin American and Mediterranean communities.

Red clover has the highest isoflavone concentrations compared to other foods. Foodstuffs such as soya contain lower concentrations and only two of the four important dietary isoflavones.

## Convenient and easy to use

In a single daily tablet, Novogen Redclover food supplement helps safeguard dietary isoflavone intake without requiring significant changes to the average UK woman's diet.

Novogen Redclover food supplement tablets are in monthly calendar packs and foil-blistered for increased freshness and hygiene.

## Quality assurance

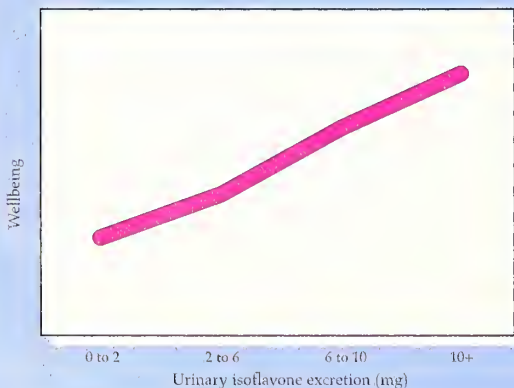
Extensive controls ensure a uniform quality in each Novogen Redclover tablet.

The highest quality assurance standards have been applied throughout development and manufacturing.

For more information on Novogen Redclover food supplement and isoflavones and for customer information leaflets 'Managing Midlife Naturally' please call 0845 603 1021 or write to: Novogen UK Ltd, Dept 1P, Precision House, Bury Road, Beyton, Bury St Edmonds, Suffolk IP30 9BR.

**NOVOGEN**

Average health and wellbeing vs urinary isoflavone excretion (mg) in 80 women\*





# Opportunity in adversity

The appeal of the Wild West drew 300 delegates to UniChem's 19th convention in Arizona. But with chairman Ken Clarke preaching the virtues of monetary union, and chief executive Jeff Harris outlining Alliance UniChem's Continental ambitions, the opening session had a distinctly European flavour

A decline in the parallel import market together with some price inflation in generics may weaken the shortline competition, but full line wholesalers are not going to sit by and see their market share destroyed. Alliance UniChem chief executive Jeff Harris has warned.

Parallel importing will decline as sterling weakens abroad, and because manufacturers are becoming more active at controlling the free movement of drugs from southern Europe.

Generics will continue to grow market share but price differentials with brands will be eroded as packaging costs increase. "We have already seen that the packaging costs of many generics exceeds the cost of the active ingredient. This will remove some of the very cheap generics from the market," he said.

None of the growth in drug spending comes from price inflation, and this gives strong clues to future trends, said Mr Harris. Increased volume accounts for some 3 per cent, newer and more expensive drugs add 4 per cent and a further 1 per cent is caused by demand for line extensions of older drugs.

Demographic demand and the success of drug research are driving growth - not by price inflation. "These are the reasons we expect UK market growth to stay in the region of 7 per cent a year ... much higher than any other northern European market."

What are the implications for retail pharmacy? What is relevant, Mr Harris said, is the capacity for community pharmacists to take on the wider primary care functions that the Department of Health is demanding.

One of the important factors here is financial strength. The margin that pharmacists receive for NHS dispensary is an important indicator of that financial strength. The UK pharmacist receives a lower margin than the European average - a third lower, in fact, and the lowest in Europe.

"One hopes this comparative data is known to the DoH. One hopes that when they come to review remuneration and the siren calls to end the limitation of contract rules, they will have the sense to see that the community pharmacist is already giving an



Jeff Harris outlined Alliance UniChem's European ambitions

extremely cost-effective service," said Mr Harris.

Relations with government in recent years have been conducted using a series of 'worse to come' rumours. These threats are then linked to an exclusion policy towards community pharmacy.

"What can possibly be gained from excluding pharmacy from primary care groups or the NHSnet?" he asked, adding it is time government came forward with some financial support and incentives to better and wider services.

## Growth in Europe

There are few opportunities for mergers in Europe with other pharmaceutical wholesalers, but Alliance UniChem will expand by acquisition into countries where it is not represented. Jeff Harris told the Convention on Tuesday. The company also expects to make infill acquisitions in those markets where it does not yet have national distribution, or where its market share is low.

Making no secret of his ambition for Alliance UniChem to become one of the leading deliverers of healthcare services in Europe, Mr Harris identified three areas for growth:

- geographical expansion into other countries
- improvement of our existing businesses
- expansion into related healthcare sectors.

"I intend that Alliance UniChem will have an influential voice at European level so that we can ensure that changes which are proposed for healthcare markets are rational and sensible ... I also intend that our company shall be European in attitude and management style," he said.

Of all the major events in UniChem's 60 year history, the merger with Alliance Santé at the end of last year was the most significant, he said.

"Europeanisation of our markets is a phenomenon we simply cannot afford to ignore. We are seeing more and more of Brussels' influence in our business lives."

Alliance UniChem is represented in only six of the 15 countries of the European Union, but it already represents 15 per cent of that market in pharmaceuticals.

The company offers national wholesaler coverage in Great Britain, France, Italy, Spain and Portugal, and has depots in Greece. It serves some 40,000 pharmacies from 167 warehouses. Only in the UK, with its 550 strong Moss chain, does it own a slice of the retail pharmacy sector.

The business is focused on the core areas of pre-wholesaling, wholesaling and retail pharmacy. "Our current development focus is in the development of those three sectors. Do not expect us to stray very far from those businesses," said Mr Harris.



**UniChem**



## The keys to long-term success

UniChem customers will soon see, in selected areas, the launch of an alternative OTC service aimed at satisfying demand from those wishing to take volume drops less frequently. The move is one of a number of initiatives UniChem is taking to combat the loss of business to short line wholesalers.

"We recently launched nationally our first attack with the national roll-out of OTC Direct," Chris Etherington, managing director of the UK wholesaling operation, told the Convention. It currently has a monthly turnover of £2 million and is servicing 1,500 customers.

"We have also started to recruit pharmacies into Pharmacy Alliance, a venture designed to move selected pharmacies much further up the professional services ladder towards greater profit," he said.

His ambition is to change the mix of customer spend given to UniChem currently as a first line wholesaler to one that over the next two years negates the need to spend time and effort dealing with a plethora of suppliers. "I want this change to be driven by the fact that customers realise that by not trading with UniChem they are at a competitive disadvantage," he said.

Shortline wholesalers have taken their market share from around 7 per cent to over 10 per cent in the past year, and are continuing to grow at an "alarming rate", said Mr Etherington, mainly due to two market sectors. The generic market is growing at 21 per cent a year, while parallel imports are up a "spectacular" 78 per cent.

Continued on P32 →





**Chris Etherington**

→ Continued from P31

"The vast majority of this growth has been outside the mainline wholesale market," he said. "As a full line wholesaler UniChem is less well equipped to trade in the 'quick and dirty' markets. We also have to consider the impact of lower prices on the Drug Tariff and therefore on the available margin to sustain our service. In addition, we recognise the outcome of being caught in this vicious circle."

If price was the only issue, then it would be relatively easy for full wholesalers to compete. But buying cheaper does not always mean buying better, he argued. "The real issue is about obtaining a package that will help to maintain profits year after year."

Although the growth in multiple ownership still has some way to go, it is forecast to plateau. Multiples are perceived as more powerful than independents because they bring their strength in numbers to bear - something independents are unable to do.

"We have been concentrating our efforts firmly on providing the platform for our customers to have the strength of a virtual chain," he said. Initiatives rolled out in the last 12 months include the Community Pharmacy scheme, Univision, Tactician (see C&D last week, p31), the UniChem intranet, and a successful OTC promotional campaign which is still going strong.

There are now 680 pharmacies in the Community Pharmacy initiative (CPI) giving consistently high levels of compliance, said Mr Etherington, and further new elements have been added this year. A 'Focus on Business' activity using GSL medicine displays and targeted merchandising will be rolled out to all CPI members in quarter four along with additional funding

and display discounts from manufacturers.

Health testing services have been introduced and shopfitting services from Crescent and Uno are available. The use of marketing credits has been extended enabling them to be used against a wider range of business developments.

"We are convinced that CPI is an important weapon in our armoury as a wholesaler and we will continue to develop the scheme," pledged Mr Etherington.

Pharmacy Alliance provides the next logical step - moving further up the scale with a greater focus on ethical products and health service provision. Its development has been swift. Roadshows presented the concept to 293 potential pharmacies, and these are now being converted to Alliance membership.

UniChem has devoted an enormous amount of time ensuring its computer systems are year 2000 compliant. "However, we are not sure about our customers' systems," said Mr Etherington. "There is a great deal of apathy and lack of knowledge of the problem. Help is definitely required as we are developing packages that will be made available to customers to help them identify what they need to do."

● UniChem is to relaunch its regional committee structure next year, renaming them as pharmacy consultative boards. This move coincides with a move by Alliance UniChem to set up a European Pharmacy Forum. This will have delegates from each of the company's trading countries and will compare the different issues facing pharmacists in different markets.

## Challenges facing pharmacy

- The drugs bill continues to rise which gives pharmacies volume growth
- Remuneration continues to fall below volume growth, so NHS gross margins continue to fall
- Consolidation of pharmacy ownership, but significantly independents remain the largest group
- A shortage of pharmacists, soon to be exacerbated by the extra year
- A possible loss of resale price maintenance on medicines
- The creation of primary care groups alongside a failure to recognise the key role pharmacists should be playing within them
- The spectre of the year 2000 hanging over an industry that relies on computerisation

# Clarke says EMU spells change

For many years the health and pharmaceutical markets have been the biggest anomaly in the development of the European single market. Monetary union will change all that, predicted Alliance UniChem chairman and former Chancellor of the Exchequer, Ken Clarke.

Pharmaceutical products are still marketed and distributed on a completely different basis in each country. Governments remain the dominant customer and each country has its own separate healthcare system.

The area is highly politicised. The professions, particularly doctors, and the pharmaceutical industry are among the most powerful political lobbyists in every country - and they are "noisily resistant" to change, said Mr Clarke.

"This is creating strains and distortions in the market. Governments and industry insist on negotiating completely separate and often artificial pricing mechanisms ... In a single market this can produce very odd effects."

The single market will force the pace of convergence in pharmaceuticals as in every other product. Governments are trying to keep costs down while faced with an explosion in demand for ever more expensive drugs and treatments. When prices are

set in euros, and easily compared between countries, the pressure to change to a unitary market system will prove irresistible.

"I do not claim to know how fast this will happen and when radical change will come, but I believe pharmaceutical wholesaling would be well advised to plan now for the inevitable changes," said Mr Clarke.

Alliance UniChem is moving with the tide of events in the right direction, and the strength of that tide will get stronger with the creation of the single European currency, he said.

"In my opinion events in the 11-country euro zone will move at a much faster pace than most British politicians would prefer," predicted Mr Clarke. "If it succeeds, it could succeed quickly. The British Government will then come under immense pressure from the business and financial community to move towards entry more quickly."

"If the euro succeeds it will impact on commercial life in three main areas," said Mr Clarke. The new European Central Bank will work to create low inflation throughout the euro zone. EMU will impose fairly strict fiscal discipline on governments. But the most important effect will be the reform it brings to Europe's



**Chairman Ken Clark**

industrial economy.

In the euro zone every company's costs and prices will be transparent, making competition stronger than ever before. Companies will not be able to maintain different pricing policies for each national market.

However, he warned, his forecasts came with a "strong health warning. If the Euro fails it will fail because of strong resistance to the inevitable pressures for reform, which might lead to political and social unrest".

## Professional schizophrenia hinders progress

There is good evidence that many pharmacists are reluctant to charge for professional services, according to Dr Terry Maguire, a situation he describes as 'professional schizophrenia'.

"Somehow we seem to have developed an attitude that for professional services we should not be making a profit and if we are making a profit it cannot be professional," said Dr Maguire, vice-president of the Pharmaceutical Society of Northern Ireland and director of CPPEP.

There has always been a marked restriction on the profession's commercial activities, and the Royal Pharmaceutical Society has in the past been more severe than an external regulator might have been in maintaining standards. This "strong and often misguided discipline" forced many pharmacists into a mindset that for many still exists and hampers their personal progress and development, he said.

Smoking cessation is an example of professional schizophrenia, where pharmacists have failed to capture a significant market, have been unsuccessful in making a profit and failed to make a major impact on the targets set out in the Government's 'Health of the Nation' strategy, said Dr Maguire.



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## IN BRIEF

**Discounts on anti-crime videos**

Compass Vision is offering three anti-theft retail videos – Theftshop, Counter violence and Stop violence – at £25 each plus £3.95 p&p. The videos would normally retail at £125 each. A complete pack of the videos and their manuals will retail at £70 plus £4.95 p&p. The videos are endorsed by the British Retail Consortium and a host of security organisations. For more details, contact managing director David Boot on: 0141 775 1482.

**Superstore report**

Out-of-town superstores' pharmacies are affecting town centre services, according to the Department of the Environment, Transport and the Regions' latest research report, 'The impact of large foodstores on market towns and district centres'.

# Pharmacies pilot private health insurance

PPP Healthcare, a Tunbridge Wells-based company, is testing whether private medical insurance (PMI) can be advertised successfully in pharmacies.

The company has set up a pilot scheme involving three pharmacies in south-east England. The outlets, whose locations have not been disclosed, are displaying a merchandising unit filled with PPP's leaflets. PPP said the information covered a wide range of its PMI services.

Pharmacy customers interested in the services are given a freephone number: 0800 335555, to talk to a trained consultant.

PPP said each pharmacist in the pilot receives a flat rate introduction fee for referring customers. "It's not a commission and we're not asking

them to sell our products," it said.

The company's pilot will run for about three months and follows consumer research that suggests pharmacies, backed by the image of "credible healthcare outlets", could be ideal advertising venues. "Chemists were discussed as being at the local grass roots level, and they're integral to the community," said PPP.

## Ex-Tesco pharmacy chiefs set up their own consultancy

Tesco's former pharmacy superintendent, Mike Rudin, and Frank Courie, its former pharmacy development manager, have set up their own consultancy called Chemist Consultancy.

Mr Rudin was due to leave Tesco this week – he had been working on "special projects" after Penny Beck took over as pharmacy superintendent. Mr Courie left the company on August 31 when the department he

worked for was restructured, which meant it would use outside consultants for pharmacy development. He was instrumental in increasing Tesco's pharmacies from 34 to over 200. He will remain a consultant for Tesco.

Mr Rudin is a director of Chemist Consultancy, but he is also "talking to a number of companies with a view to employment", according to Mr Courie.

Their consultancy will advise those

who want to acquire NHS contracts, either by purchase, application or relocation. It will also give advice on appeal procedures.

The company will also work with Gerry Green's consultancy to advise pharmacists on business management.

Mr Courie said Chemist Consultancy had a "wealth of experience." He can be contacted on: 07775 858299.

## Park launches Windows versions of patient record and point of sale software

Park Systems has launched Windows versions of its Park Patient Medication Records and PharmaciePoS electronic point of sale systems.

New features include:

- integration between Park PMR and PharmaciePoS

- searches that allow you to pinpoint items
- EPoS loyalty card scheme
- EPoS and PMR head office/multi-branch module
- range of EPoS product promotion options

- amendable label font size (set in larger print for a patient with poor eyesight) in the PMR system
- label preview Window.

Park Systems has been running DOS programs within the Windows environment for some years. David

Coleman, its md, said the company has designed its latest systems to minimise the use of a mouse.

Park's Windows software has the same retail price as its DOS version.

For details, contact Park Systems on: 0151 298 2233.

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## British Biotech must settle dispute

British Biotech's shareholders have urged the company to settle its legal action against Dr Andrew Millar, its former head of clinical trials.

Dr Millar sparked off a turbulent period for the company – and caused its share price to dive – when he discussed his doubts about BB's Zacutax trials to a city institution.

BB subsequently dismissed Dr Millar and sued him for allegedly breaching his employment contract by revealing confidential information, and for examining trial results too soon. Dr Millar is suing BB for over £90,000 for alleged libel and wrongful dismissal. He is believed to be ready to settle.

Shareholders at BB's annual meeting said the legal row over Dr Millar

needed to be settled quickly because it was more bad PR.

But BB said it still had a good case to recover substantial damages, although it admitted it could settle, provided the terms were realistic.

At the meeting, Dr Elliot Goldstein, SmithKline Beecham's senior vice-president, officially succeeded Dr Keith McCullagh as BB's chief executive officer.

BB has also appointed Christopher Hampson, formerly chairman of RMC Group, as non-executive chairman. He succeeds John Raisman, who has retired.

BB's cash reserve was £120.7m on July 31. As C&D went to press, its share price had risen 2p to 34p.

## PathoGenesis moves to 7,000 sq ft site

PathoGenesis, the US-based pharmaceutical company that develops and markets treatments for chronic infection diseases, has moved its London office to a new 7,000 sq ft site in Cranford, Middlesex.

The new office, which cost £2 million, will eventually hold about 40 employees – PathoGenesis currently employs 12 in the UK.

Its Cranford office will be the company's European headquarters as it moves to market its tobramycin solution for inhalation.

tion, which helps manage cystic fibrosis patients with *Pseudomonas aeruginosa* lung infections, in Europe. The solution has already been approved in the US, where it is marketed as 'Tobi'.

Tobi was filed in the UK in August and should be approved by summer 1999, according to Matthew Gantz, PathoGenesis' managing director.

The solution is undergoing a clinical trial in the UK and Ireland, involving about 140 patients. Mr Gantz said there are 6,500 registered cystic fibrosis patients in the UK and 30,000 in Europe.

PathoGenesis is also conducting trials with tobramycin for inhalation in bronchiectasis patients with *P aeruginosa*; and for new TB patients.



Matthew Gantz

### COMING EVENTS

#### MONDAY OCTOBER 5

**West Metropolitan Branch, RPSGB**  
Education Centre, St Mary's Hospital NHS Trust, South Wharf Road, Paddington, London W2. 7 for 7.30pm. 'PIANA – how is it developing?'

#### TUESDAY, OCTOBER 6

**Stirling Branch, RPSGB**  
The Royal Hotel, Bridge of Allan, 7.45pm. 'Palliative Care training'.

#### THURSDAY OCTOBER 8

**South Staffs Branch, RPSGB**

The Swan, Lichfield, 7.30 for 8pm. 'Assessment and Treatment of Sports Injuries' – Panpharma.

**Glasgow Branch, RPSGB**  
John Anderson Building, K325, University of Strathclyde. 'Antibiotics: The Future'.

#### SATURDAY/SUNDAY OCTOBER 10/11

**Oxfordshire Branch, RPSGB**  
The Four Pillars Hotel, Witney. 'Institute of Pharmacy Management Autumn Conference'.

## Numark launches Categoracle

More than 200 delegates attended Numark's 'suppliers' day' last week to hear about a radical shift in its promotional approach. **Guy L'Aimable** reports

Numark has launched a scheme that uses category management to tailor promotions and merchandising for each of its 1,175 shareholder pharmacies.

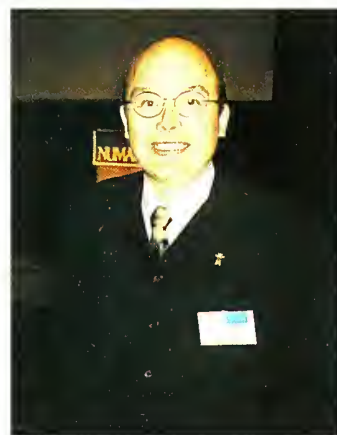
The scheme, called Numark Categoracle, will be introduced in January to replace Profitline, which had emphasised promotions for individual brands and SKUs.

Categoracle's framework is based on information about consumer demand, broken down regionally, so that Numark and manufacturers' promotions are targeted in areas where they will be most effective.

Numark is working with Spectra, a 'micromarketing' specialist which has built up geo-demographic data on 75 per cent of UK households. Spectra's data is divided into UK postcodes and the consumer information is aggregated into eight different lifestyles.

The group's pharmacies will be grouped into 'clusters' that reflect their sales potential within each product category, and in particular geographic regions.

For example, one of the clusters could reflect pharmacies based in an area with a lot of men aged over 55. These pharmacies could be given a promotion on Palmolive Shave Sticks, known as a 'cluster line promotion'.



David Wood, Numark's marketing director

because the product is used by older men.

Numark will alter its promotions to suit each pharmacy cluster. It has asked manufacturers, who are already involved in category management, to provide consumer research they may have commissioned on their brands or product categories. It will use that information to:

- gauge how consumers behave
- work out how the product's market is segmented

*Continued on P36 →*

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Tel: 0113 256 5836.

→ Continued from P35

- determine what criteria it should use to cluster its pharmacies within each category

- develop planograms for each pharmacy cluster - perhaps by liaising with manufacturers' space planning departments.

From January, the group's Keyline promotions will be listed by product category - there are 20 of these.

Each Numark pharmacy will receive a monthly Categoracle brochure, which will feature a planogram suggesting products it should display - for the most common fixture size - for each category. The planogram will also show where point of sale material should be placed.

Each category will be split into three pharmacy clusters. Every month, Numark will:

- tell the pharmacy how the planogram should be changed
- summarise additional 'cluster line' promotions
- list everyday low price (EDLP) lines for that category
- provide an illustration of the planogram that positions the EDLP's shelf barker.

A new section called Cluster Lines

will promote niche products.

David Wood, Numark's marketing director, told manufacturers and wholesalers that cluster promotions "...are not for small dying brands that are losing market share. Our shareholder-based promotions committee will reject weak promotions," he said.

Numark has built up the necessary framework for its men's category and is working on baby, haircare, skincare, medicines, oralcare, and vitamins/mineral/supplements.

The pharmacy group needs a 'lead supplier' for each category.

Andrew Carter, Numark's trading controller, said manufacturers who have signed up to work with Categoracle currently include Colgate-Palmolive, Roche, SmithKline Beecham and Gillette. Numark will also be working with Procter & Gamble to use its data.

Mr Wood said Numark needed to work more closely with all manufacturers to make Categoracle work. "Consumer research repeatedly shows that consumers have changed their attitudes dramatically since the early 1990s. But some suppliers have not changed their sales strategies to the independent sector for the last 15 years," he said.

Categoracle's targeting opportunities, he added, were virtually limitless.

"The clustering method means that although we will have around 70 category planograms to produce, there are three billion permutations of these which, in turn, means that each Numark pharmacy will be unique in its merchandising and [will have] an offer applicable to its local area," he said.

While Numark said its promotional fees had not increased in real terms, taking into account inflation and new shareholders, it asked suppliers to give it a greater share of their promotional budgets. "We know that budgets are limited, but we want more than others in the [pharmacy] sector, because we are delivering more," said Mr Wood. "To be brutal, we want their [other pharmacy groups'] share because they are not delivering, and we are."

Numark has appointed Darren Joy, formerly Lloyds Pharmacy's space planner, as category development executive. Mr Joy will produce Categoracle's planograms and update Numark's Core ranges.

- Numark will introduce a magazine called *Shop Talk*, aimed at pharmacy staff involved in running the front shop area. *Shop Talk* will have a consumer magazine format which will include information on pricing, merchandising promotions, front shop news and events.

## Numark conducts consumer research

Numark is conducting nationwide research on what customers need from their local pharmacies - it expects to have the results by the end of October.

David Wood, the group's marketing director, said pharmacists had often suffered from a counterproductive, blinkered approach to their businesses. "The pharmacy profession's obsession with licensed medicines has driven a vibrant and growing vitamins and supplements business away from pharmacy to health food stores," he said.

And some pharmacists were too preoccupied with "vacuous debates" on the definition of pharmaceutical care. "The danger is that when the profession has finally come out of its darkened room with its definition, it may find that the public is having its medicines supplied by Securicor. I'm not saying pharmaceutical care is wrong, but I sometimes wonder whether it [the pharmacy profession] has inter-professional rivalry at its heart, rather than the consumer," he said.

It was time pharmacists redefined and understood what the public

expected from them. "Consumers define [product] categories, not retailers," he said.

- Numark has 61 concept pharmacies - ten with consultation areas - and hopes to have 80 by the end of the year. The group is refitting two pharmacies a week and, during the second half of next year, aims to step up the weekly conversion rate to four concept pharmacies.

Numark has appointed Stephen Voyse as project manager. He will help Mike Johnson, Numark's retail services manager, with the refit programme.

## Merchandising Pharmacy unit ideal for themed displays

Numark has introduced a 'P' line display unit to merchandise P products.

Each unit is one metre wide and will be positioned at eye level, in the centre of the pharmacy shareholder's back wall fixture. The unit will take up four shelves and can hold up to four brands.

Numark said the unit was ideal for themed displays, such as 'no smoking' or 'winter remedies'. Numark pharmacies will be paid undisclosed display allowances to support P line display promotions.

From January, its pharmacies will receive colour leaflets each month fea-

turing the five display lines for their local promotions.

Under the old system, Numark's pharmacies had been using manufacturers' plastic counter units - some suppliers had paid to have the units positioned. Numark said not all of its pharmacies displayed the units and, as a result, the system did not benefit all its shareholders and suppliers.

This month, meanwhile, Numark has launched its category development discount scheme. This is designed to reward pharmacies who follow its product and point of sale planograms. Numark said the scheme would also encourage sub-category

initiatives and ensure its pharmacies maintained 'retail discipline'.

The scheme will initially focus on the Pharmacy Only gastro-intestinal (GI) category, which is being supported by Reckitt & Colman.

Numark's pharmacies must ensure the top ten GI products from the group's core range are displayed on the back wall, and that the Gaviscon Advance shelf barker is displayed on the GSL GI fixture. Based on the extra sales this display creates, the pharmacies could earn discounts of up to 5 per cent on Gaviscon Advance during October, November and December. The discounts will be paid retrospectively.



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TRADE LESS 50%+VAT - 84 Efexor 37.5mg (exp 2000), Hismanal susp. (exp 5/99), Suprefact n/s (exp 4/99), 56 Diovon 40mg (exp 8/99), 30 Naprosyn suppos (exp 5/99), 200 Orudis 100mg (exp 1/99), Less 30% - 6x60 Calcort 60mg (exp 5/00). Tel: 01708 44227.

TRADE LESS 30%+VAT - 2x60 Videx tablets 100mg (exp 7/99). Tel: 0171 794 5486.

TRADE LESS 30%+VAT - 5x30 Bonafos caps (exp 6/01). Tel: 01634 817317.

TRADE LESS 50%+VAT - Manrex cassette, 3x100 Schacul bag o/proof bags 785174. 2x5 Convatec. Tel: 0171 485 1251.

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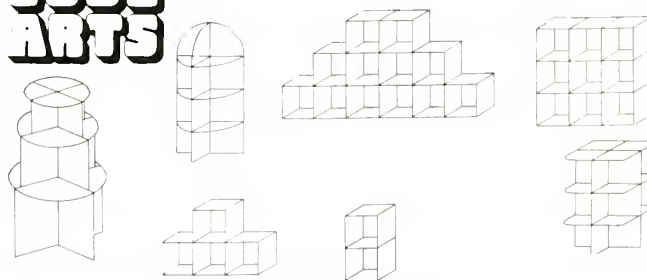
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# All in a good cause

Premier Pharmaceuticals of Ashford, Kent, is the new kid on the block - it has only been trading for a year - but managing director Donna Gambrell has already been asking for some help from her friends.

It's all in a good cause, though. Two months ago she was watching television pictures of starving Sudanese children, and wondered what she could do. Contact with the Merlin relief agency suggested pharmaceutical aid would be welcomed.

With time at a premium, the phone was in constant use as Donna contacted everyone she knew - Kent, GUK, Pypers, Sussex, OBG, Polyfarma, Regent GM Labs, GD Cooper, Medihealth, Churchill Pharmacy, UniDrug and Discepharm.

Warehouse staff at Kent Pharmaceuticals gave up their evenings to pack donations worth £90,000 onto 18 pallets. There was a minor panic when Merlin advised that some products were unsuitable for use in the Sudan, but a call to Oxfam saw them re-assigned to the Oaktree Trust in Bosnia.

Healthcare Logistics handled delivery. "What started as an idea has grown into a feeling that we have all helped," says Donna.

## Time for Pharmaid

It's time to clear those old BNFs out of the dispensary. The annual Pharmaid collection of recent editions - that's the 34th (blue cover) and 35th (green cover) - will take place from November 16-20.

All copies collected will be sent by Book Aid International to Commonwealth developing countries for use by pharmacists there. Once again AAH van drivers will be collecting, so if you don't deal with that wholesaler, please pass your copies on to a colleague who does.

Any problems, contact Elaine Harden at the Commonwealth Pharmaceutical Association, tel: 0171 820 3399 ext 303.



Pharmacist Martin Gravelle has won the Vantage 1998 Golfer of the Year Tournament held on September 16 at Belfry golf course, Wishaw, Warwickshire. Despite gale force winds and the largest number of participants the competition has seen, Martin, of Gravelle's Pharmacy in Llanelli, beat off stiff competition from runners up Kevin Durkin of Rostrevor, Northern Ireland and Stuart Gale from Sutton Coldfield to take first prize. Guest speaker Tom O'Connor rounded off the day with anecdotes from his golf books. Pictured, left to right, are David Taylor (managing director, AAH Pharmaceuticals Ltd), Tom O'Connor, Martin Gravelle and William Cotton (managing director, Crookes Healthcare Ltd).

## APPOINTMENTS

Health Perception has recently appointed **Val Booth** as a Northern sales executive. She was previously employed by Brewhurst Health Food supplies and has managed a number of successful health food stores.

Prespart, the world's leading supplier of pharmaceutical aerosol cans for metred dose inhalers, has appointed **Andrew Macaulay** as pharmaceutical business development manager, with responsibility for developing business both in the established respiratory medicine field and in new therapeutic fields.

Bounty, best known for its practical advice and mother and baby sampling packs, has appointed **Paul D'Inverno** as group managing director and chief executive officer. His appointment is part of a management restructuring which sees **Sinclair Stewart**, who has for three years combined the roles of chairman and chief executive, stay on as full-time chairman. **Nick Hopewell-Smith** is now vice-chairman as well as director, publishing and corporate affairs.

## Co-op has a laugh for charity

United Norwest co-operative pharmacies are asking people to donate healthcare jokes to help raise money for charity.

The chain of 79 pharmacies in the Northwest will collate the best jokes into a book to be published in time for Christmas. The book will be sold in the pharmacies with profits going to Macmillan Cancer Relief.

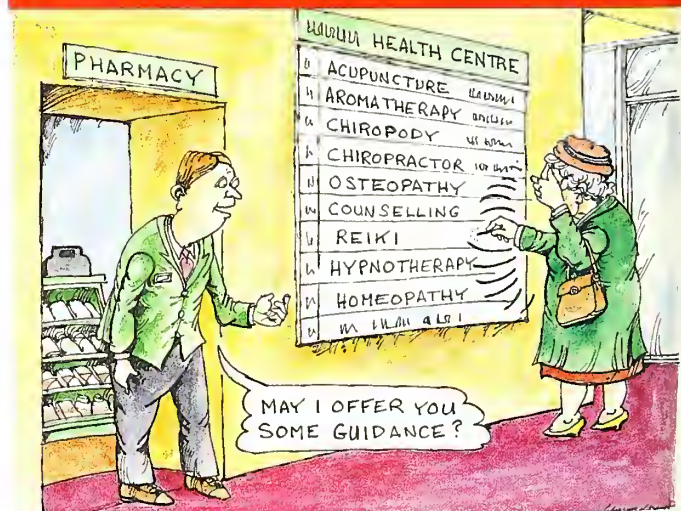
Anyone wishing to see their joke in print and help the charity can leave it in the book available at each of the Co-op's pharmacies, together with their name, before the end of September.

Any healthcare related topic is acceptable, but the company says that if you can beat this gem, you should be in with a chance. "Why are there no pills in the jungle? Because the parrots ate 'em all!" (Paracetamol... get it?)



Rakesh Aggarwal, RK Chemists, Smethwick in West Midlands, won £1,000 of Thomas Cook Travel vouchers in the Chemex prize draw that all pre-registered visitors automatically entered

## Honeysett





**Extra Strength  
(5% minoxidil)**

**Indication:** Topical solution,  
containing minoxidil 50mg/ml.  
Treatment of alopecia  
areata in men.

**Contraindications and administration:**  
Applied to the total  
area of the scalp  
daily. The total daily  
dose should not exceed 2ml.  
Method of application  
according to the  
applicator used.  
Washes the hair and  
scalp thoroughly  
before treatment and  
allowing to dry  
before the use of a hair  
brush. Daily application  
for 6 months may be  
evidence of  
stimulation can  
be continued. Continued use  
necessary for continued  
effect. Patients should  
continue treatment if there  
is no improvement after one

**Contraindications:** This  
product is contraindicated in:  
those with a history  
of sensitivity to minoxidil,  
propylene glycol,  
or treated or untreated  
eczema. Users with any  
abnormalities (including  
hypertension or sunburn), those  
with a shaved scalp and  
occlusive dressings  
on the scalp. Topical medicinal  
products.

**Warnings & Precautions:** For external  
use only. Flammable. Do not  
use on the areas of the  
scalp other than the scalp.  
The product contains an alcohol  
which will cause burning  
irritation to the eye.  
The effectiveness of  
minoxidil in patients under 18  
and over 65 has not been  
established. Misuse or use  
on damaged skin may lead to  
increased absorption of  
minoxidil and theoretically,  
the risk of systemic  
potential side effects  
such as irritation and itching  
on, dry skin or flaky  
skin. Wanted growth of  
hair and increased  
shedding upon initial  
regrowth.

**Category:** P

**Quantities:** One or  
two bottles of 60ml with  
pump sprayer or  
disposable  
spray pump.  
Or: pump spray,  
tip or rub-on.

**Licence number:**  
183

**Product Licence:**  
Upjohn Limited,  
Milton Keynes,  
UK.

**Preparation:**  
998

**Information:**  
Price: £29.95 retail price  
(incl. VAT)  
Price: £59.95 retail price  
(incl. VAT)

For more information is  
on request from the  
licence holder.

# The best chance yet to regrow their own hair.



**New**  
**Regaine®**  
**Extra Strength**  
contains minoxidil

Seven million men experience hair  
loss, but the majority believe little  
can be done to help.

Medical trials have shown new  
Regaine® Extra Strength can achieve  
over 40% more hair regrowth than  
Regular Strength, with real visible

results in as little as two months.\*

Regaine® Extra Strength is being  
launched with a £1 million national  
multi-media campaign, so make sure  
you don't miss this exclusive chance  
to make a real difference to your  
customers and to your profits.

## Medically proven to give over 40% more hair regrowth\*

\*than Regaine Regular Strength

Contact your Pharmacia & Upjohn representative for more information or call us on 0800 801454. Reference: 1. Data on file





As good  
as the  
original?

Zovirax now has a number of 'lookalikes' - but do they perform as well as the original aciclovir formulation?

Clinical trials have shown that application of the patented Zovirax Absorption Accelerator formula at the tingle stage can prevent the appearance of cold sores.<sup>1,2</sup> However, it's not too late if the tingle is missed, as early use of Zovirax is also proven to speed healing by up to 2.6 days<sup>3</sup> and limit lesion size by up to 80%.<sup>2</sup> No other aciclovir formulation is supported by as many published clinical trials as Zovirax.

So, when you're asked for a cold sore remedy, be sure to recommend the one that is patently different and clinically proven for prevention and treatment.

You can be sure of

aciclovir  
**ZOVIRAX**  
COLD SORE CREAM

Patently the  
original



**Essential Product Information. Presentation:** Smooth white cream containing Aciclovir 5% w/w in a water miscible base. **Uses:** Treatment of herpes simplex virus infections of lips and face. **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred treatment may be continued for up to an additional 5 days. **Contra-indications:** Hypersensitivity to aciclovir or propylene glycol. **Precautions:** Do not apply to mucous membranes. Do not use for ocular or genital herpes infections. Not recommended for use in immunocompromised patients. **Side and adverse effects:** Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. **Price (ex-VAT):** 2g tube £4.67, 2g pump £5.10. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants. SO53 3ZQ. **Product licence number:** 0003/0304. **Date of preparation:** July 1998. **References:** 1. Fiddian AP et al, Br Med J. 1983; 286: 90-107. 2. Bialek PA and Lamey PJ. Acta Derm. Venereol. (Stockh) 1998; 78: 46-47. 3. Van Vloten WA et al, J. Antimicrob. Chemoth. 1983; 12, Suppl. B: 89-93.